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**Investigating family context: An exploratory study to research how  
therapists use genograms as a therapeutic tool with individuals in  
one-to-one therapy**

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**Doctorate in Counselling Psychology and Psychotherapy by Professional  
Studies**

## **Abstract**

My project focuses on context as a key aspect of my theoretical framework as a counselling psychologist and integrative psychotherapist. In particular, literature about system's theory and research about transgenerational transmission highlight the importance of paying attention to a client's family context in the therapeutic process. My practice-based research addresses the need to investigate how therapists work actively with a client's family system in one-to-one therapy. I chose to explore therapists' use of genograms (family trees) to understand a client's family history and dynamics.

I conducted semi-structured interviews with nine therapists who use genograms regularly within their ongoing therapeutic work with individuals. My method of data collection and analysis utilised a full, social constructivist version of grounded theory that incorporated an awareness of my experiences and influences using reflexivity.

The three main categories I constructed from my data centred on how genograms become integrated into the evolving therapeutic process and relationship, how they create impact and change, and the influence of the therapist's approach and interventions. Whilst each category can be understood separately, they are inter-related in terms of the overall use and effect of genograms in one-to-one work.

My findings suggest that genograms can be powerful and, if used sensitively and appropriately, can enhance the therapeutic relationship and process of personal change. By demonstrating the beneficial use of a holistic and relational tool that has the potential for quicker work by understanding the context of the client's presenting issues, my research has relevance within current debates about the provision of psychological therapy in statutory services and to the fields of counselling psychology and integrative psychotherapy with regards to how they address context in practice.

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## **Acknowledgements**

To AB, 'it's always better with two'

To all those in my family who have come before me and influenced who I am



*“When we meet with an individual, we are meeting their networks”*

*(Lang, 2004)*



# **Investigating family context: An exploratory study to research how therapists use genograms as a therapeutic tool with individuals in one-to-one therapy**

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## **1 Introduction: Outlining my research intentions and contextualising my project**

As humans, we construct our reality as social beings. Therefore, as therapists sitting with our clients, we are not only facing them but also the context in which their understanding of the world is embedded. This includes how their sense of self has been co-created through their experience of relationships with their family and wider social system.

This research is an exploratory study to investigate how psychological therapists understand the influence of their client's context, particularly their family relationships, in one-to-one therapy with individuals. I chose to focus on therapists' use of a particular tool, the genogram (or family tree), to understand a client's presenting issues in the context of their family history and its effect on their therapeutic work with that client. As such, this study addresses an absence of practice-based research in counselling psychology and integrative psychotherapy regarding how therapists work actively with a client's context and system. My intentions have been to highlight how genograms are used and impact the client, therapist and the co-created relationship as part of the on-going process of therapy. Therefore, this study provides an account of the benefits and concerns of working with context in a clinical setting.

The leading exponent of genograms Monica McGoldrick (2011; p. 21) said that:

“the more we know about our families, the more we can know about ourselves, and the more freedom we have to determine how we want to live”.

This quote resonates with me because undertaking this project has deepened my identity and increased my sense of self. By listening to stories about clients gaining a different self-perspective by understanding their family patterns, I have re-visited my relationship with my

past and my family's history so that I feel more centred and grounded in who I am now and how I choose to respond to my experiences. Therefore, when I noticed my past coming alive with the emergence of familiar self-limiting beliefs and feelings at times during this study, I was able to reflect on their meaning within the wider context of the process and hold them alongside my passion, determination and confidence in this particular project. It was my personal experiences which ignited a professional interest in families, and now my enhanced understanding of the area as a researcher leads me to feel more integrated as a person and clinician.

## **1.1 Overview of my thesis**

In this Introduction, I provide a description of a genogram before outlining my values and philosophical stance, personal motivations and integrative approach in relation to this project. I then locate my study within existing theory and research before stating its aims and value to psychological practice. My central argument is that literature within family and transgenerational therapy traditions strongly indicates the importance of taking account of the systems in which clients are embedded and influenced, but there is a need for practitioner research to investigate how this is addressed in clinical work. I had a particular interest in examining how therapists take account of their client's context in one-to-one therapy because this is currently the dominant modality within the talking therapy professions (Hedges, 2005) and where I conduct the majority of my work as a practitioner.

In order to explore these issues I used a reflexive version of grounded theory to collect and analyse data about therapists' experiences with genograms. In Chapter 2, I have detailed my research design and methodology before providing a statement of how genograms are used and impact on the process of therapy in Chapter 3. In Chapter 4, I have reflected on my findings and their implications to the wider field. I bring my project together and make my final conclusions in Chapter 5. I have sought to convey a sense of myself in my research: to

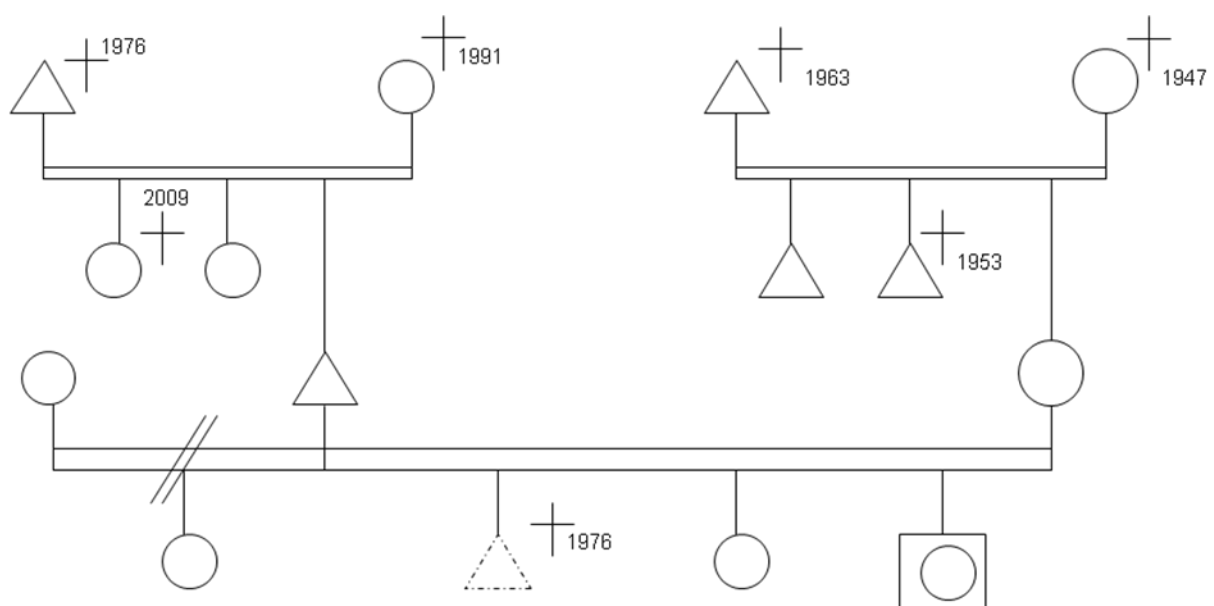
bring it alive as an evolving and dynamic co-created process where I illustrate how my interpretations and methods have influenced what has emerged.

## 1.2 Introduction to genograms

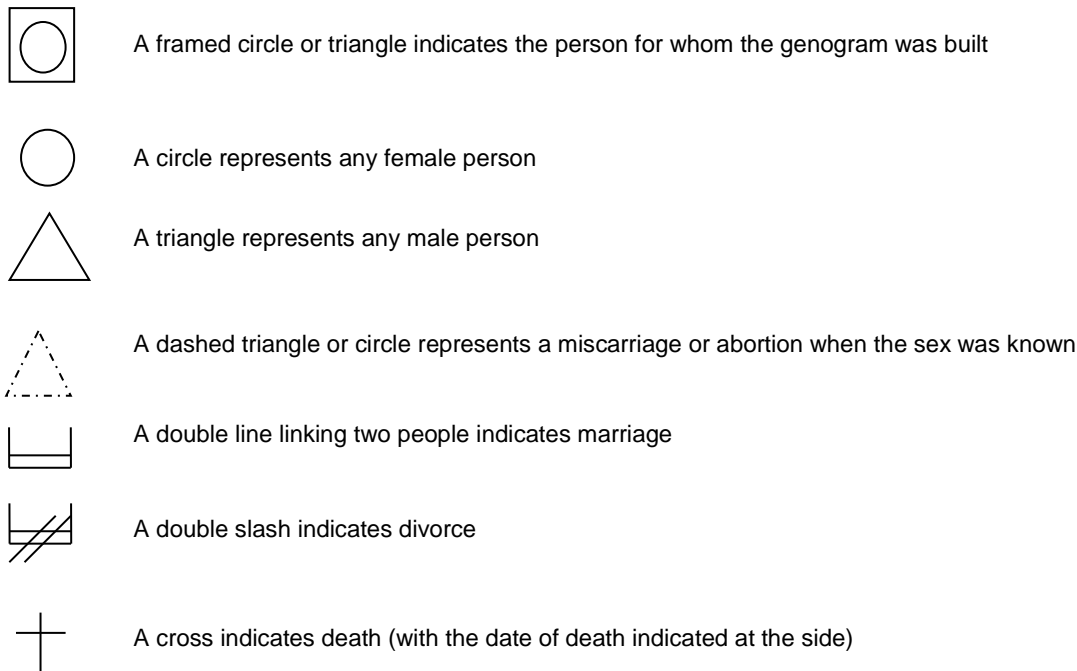
As I begin, I would like to clarify what I am referring to by providing an example of a genogram. Therefore, I have included a very simplified version of my genogram in Figure 1 below, with Figure 2 showing the meaning of the graphic representations I have used. Whilst more standardised genogram formats have been developed (McGoldrick et al., 2008), I have chosen to use the simpler style and graphic representations used by Schutzenberger (1998) for this illustrative example.

I would like to demonstrate how to 'read' a genogram by detailing a few patterns that can be identified within Figure 1. It is possible to see that that I am the youngest of my parents' children, both of my parents are the youngest of three and my father was married previously, so I have a step-sister.

**Figure 1:** My genogram



**Figure 2:** Meaning of the graphic representations shown in Figure 1



### 1.3 Philosophical and value basis for my project

As an integrative psychotherapist and counselling psychologist, I view myself as a 'psychological therapist' where I bring together philosophical and value bases from both professions. This project is firmly rooted within these personal and professional stances, as they form the foundation for integrating my clinical, personal and researcher selves.

With a strong humanistic foundation, my key values most relevant to this research include pluralism (holding competing truths lightly), awareness of context, focus on well-being rather than pathology, a holistic approach, recognition of the importance of reflective practice, respect for subjective experience and an emphasis on self-in-relationship (in development and therapeutically).

My philosophical position is influenced by social constructionist and post-modern perspectives which hold that there is no single 'objective truth' as all knowledge is socially constructed (Orlans & Scoyoc, 2009). My view is encapsulated within Evans & Gilbert's (2005; p.11) comment that:

“knowledge and meaning are constructed and reconstructed over time and within the social matrix. They do not constitute universal and immutable essences or immutable truths existing for all times and cultures”.

To refine that further, I believe that personal knowledge is constructed through the interaction between people and their environment throughout life, so I take a participatory world view where humans are seen as being “embodied in their world, co-creating their world” (Reason & Bradbury, 2008; p.7).

This is congruent with my identity as a psychological therapist drawing on both professions because counselling psychology, as a holistic, reflexive and relational approach (Orlans & Scoyoc, 2009), is a product of post-modern age as it seeks to reflect on and hold the tension between meta-truths of the science of psychology with the art of counselling and psychotherapy. Consistent with integrative psychotherapy, I believe that “no one approach has all the truth” (UKCP, 1999; p.xiv) so my responsibility is to “honour the client’s world as it is for them” (Evans & Gilbert, 2005; p.18).

It also informs my position as a qualitative researcher where I am interested in how people make sense of their world whilst maintaining an awareness of my role in the research process (Willig, 2008). A participatory world view postulates that I am situated and reflexive: being explicit about the perspective from which knowledge is created and seeing the inquiry as a process of coming to know. Indeed, as a practitioner researcher (McLeod, 1999), I subscribe to Etherington’s (2004) view that a research question is born out of personal experience and a need to know, where the goal is to produce research that makes a difference to practice.

#### **1.4 My personal and professional relationship to this area**

My research question was born out of personal experience which evolved into a professional curiosity about clinical practice. It is an area of interest for me which perhaps represents 'unfinished business' (Perls, 1969b) as I seek to explore the influence of current and historical family dynamics on a person's identity and how to work with these in one-to-one therapy. Therefore, I resonate with the quote from Reason & Marshall (2008; p.317) that:

"research is not an impersonal, external and solely intellectual endeavour but rather a complex personal and social process .... good research is an expression of a need to learn and change, to shift some aspect of oneself".

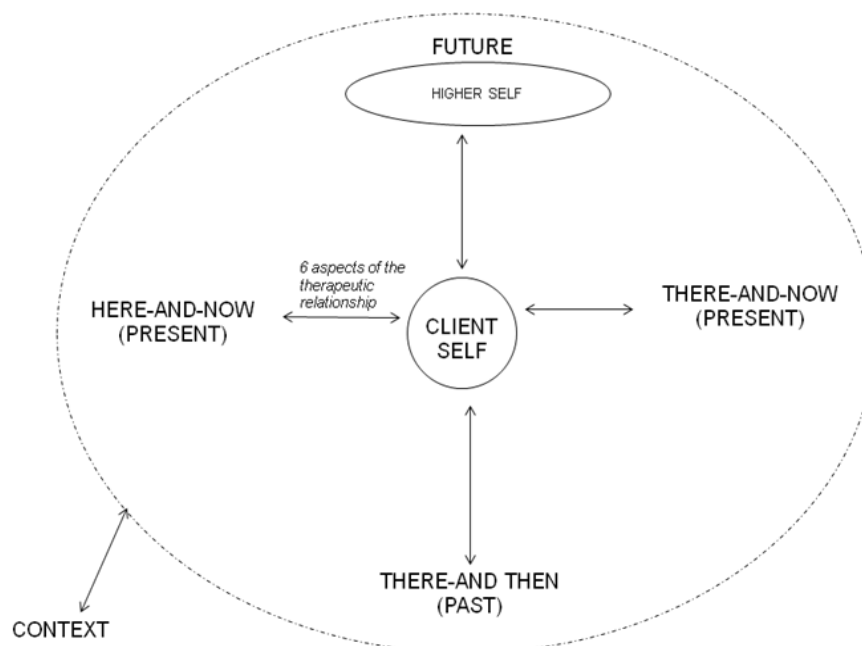
From a personal perspective, this has involved looking at how the relational patterns, roles and narratives within my family of origin have been influenced by events in previous generations. I have considered the experience of loss within my family, particularly significant bereavements suffered by my mother at a young age (as shown on my genogram in Figure 1 above). I found it beneficial to attend a family constellations workshop (Hellinger & Weber, 1998), which allowed insight into issues within my family system using techniques derived from psychodrama and neuro-linguistic programming (NLP) (Stones, 2006).

Through my explorations, I have realised the importance of integrating an understanding of my own intrapsychic and interpersonal development within a more systemic view. Therefore, I can reflect on myself using concepts from developmental theory which focus on the evolving and co-created relationship between the mother-infant dyad, such as attachment (Bowlby, 1979), self-regulation (Stern, 2003) and self-object needs (Kohut, 1984). But this is enhanced when I consider how my family roles, relational patterns and ancestral history have also impacted on my developing sense of self. I feel that I would have a different story to tell about myself if I had focused solely on my relationship with my primary care givers without the wider context of my family.



This personal journey has subsequently influenced my clinical thinking and way of working as I recognise the need to take account of contextual factors affecting a client and their therapy. As such, context sits alongside the relational, developmental, spiritual and temporal aspects of the therapeutic process as key themes in my integrative framework. As a pictorial representation of my model, Figure 3 shows how these themes provide me with a theoretical and clinical map to work with the developmental past through the relational present, with a view towards the emerging future represented by the innate potential of the ‘Higher Self’ (Assagioli, 1965).

**Figure 3:** My integrative framework: the client’s sense of self in relation to his past, present (in and out of therapy), future and the wider context



I understand context as the influence of the wider psycho-social, political and cultural field on the client, therapist and their therapeutic relationship. The therapist and client bring their unique ‘organising principles’ (Stolorow & Atwood, 1992) in terms of their own cultural, social, socioeconomic, sexual, religious, racial, linguistic and geographical context, which shape their perception of events and interface in the therapeutic encounter (Evans & Gilbert, 2005). I am postulating that the influence of family dynamics and ancestral history should be

included alongside these other factors when considering the client's sense of self-in-representation to context (Gilbert, 2009).

### **1.5 Review of theory and research**

"If you take one thing away from this book, it should be that context matters" (Rigazio-DiGilio et al., 2005; p.140). This short, bold statement that demands attention was written at the end of a book about genograms. It resonated with me because my intention for this study was to explore how therapists address the 'representational' aspect of the therapeutic relationship (Gilbert, 2009) in clinical practice, focussing on the embeddedness of the client in his family and wider social context. This is an important area of exploration given that addressing context is a key value for me and the profession of counselling psychology. So how could I understand more about what is actually meant by context and how can I, and other psychological therapists, take account of it in our work?

Within integrative psychotherapy and counselling psychology literature, I found that discussions about the influence of context on the therapeutic relationship commonly draw upon Lewin's (1952) field theory. Lewin proposed that humans can only be understood within the system of which they are a significant component part. He states that individuals organise their entire environment in terms of their needs and the condition of that environment. Therefore, humans are constantly co-creating events and relationships as a function of their interplay with their surroundings.

This interrelationship of the person with the environment became a central tenet of the Gestalt approach to psychotherapy, of which Lewin became a key proponent. At the time, Lewin's proposals contradicted existing theories as he thought behaviour was determined by the psychological present more than the past (Clarkson, 2004). But interestingly the influence of his ideas meant that Gestalt became one of the earliest psychotherapies to incorporate a systemic perspective on human problems.

The sense of interconnectedness is echoed in psychoanalytical ideas such as Moreno's (1934) 'social atom', which represents the significant relations in an individual's life, and Jung's (1966) collective unconscious as an inherited, transpersonal unconscious shared by everyone. According to Jung, the collective unconscious is transmitted from generation to generation in society, accumulating human experience and shaping who we are (Schutzenberger, 1998). He saw it as being structured through 'archetypes', which he described as symbolic representations of universal facets of human experience, such as the mother, the trickster, the hero. Perhaps the best known of the Jungian archetypes is the 'shadow' (animus in women and anima in men) which represents those aspects of the self which are denied to conscious awareness.

However, as much as I like and appreciate the academic scope of these ideas, neither Jung's nor Lewin's ideas were articulated within a philosophical framework, nor do I find it immediately clear how to apply them to clinical practice. Therefore, I looked into systems theory, which offers a sound theoretical basis for understanding the development of an individual within their relational environment. It also underpins family therapy, which is a specific therapeutic modality and closely related to my particular interest in context.

### **1.5.1 System's theory and family therapy**

Systems theory shares with Gestalt psychotherapy the idea that the whole is greater than the sum of its parts. So it seems appropriate for a psychotherapy tradition based on these concepts that a range of developments in a number of areas contributed independently but simultaneously to the establishment of systemic theory and therapy in the 1950s. For me, two of the most notable convergences are the emergence of general systems theory from areas such as maths, biology and engineering, and dissatisfactions with the effectiveness of psychoanalytic and other individual therapies in relation to severe and intractable clinical conditions like schizophrenia.

Taking each in turn, much systemic thinking originates from the ideas about systems and cybernetics (von Bertalanffy, 1968; Weiner, 1961) following the New York Macy conferences

in the 1940s, which were attended by social scientists, engineers and mathematicians with a strong interest in communication and control. It was recognised that many (biological and non-biological) phenomena share attributes of a system (Guttman, 1981) that comprises a whole made up of interrelated parts, so change in one part affects the rest of the system. A key notion was the principle of feedback to describe how information could loop back into the system in order to enable control in the form of adjustments to be made. These ideas offered some important changes in explanations of causation because, rather than seeing events in linear sequences, cybernetics proposed that causation was a continuous circular process taking place over time where everything causes and is caused by everything else.

The anthropologist and ethnologist Gregory Bateson recognised the application of these concepts to the social and behavioural sciences and introduced the notion that a family could be viewed as a cybernetic system, thus translating ideas about feedback to human interactions. In this way, he provided the 'intellectual foundation' for systemic family therapy (Dallos & Draper, 2000). Bateson brought together a research team in Palo Alto in the early 1950s to study patterns and paradoxes in human and animal communication, particularly looking at families where one member had a diagnosis of schizophrenia (Bateson et al., 1956). Around this time, other researchers were focussing on schizophrenia in relation to patterns of family interaction, for example, Wynne et al. (1958) in the USA and Laing (1965) in the UK, and with dysfunctional families, for example Ackerman (1958) in the USA and Bowlby (1969) in the UK. I like that a new and influential branch of therapy thus emerged out of innovative research that aimed to challenge and extend the traditional psychoanalytic treatment of schizophrenia, which had been shown in some cases to create an escalation of problems (Jackson, 1957).

Bateson (1958) suggested that a variety of social relationships, rituals, ceremonies and family life could be seen as patterns of interactions developed and maintained through the process of feedback. Each person is seen as influencing the other/s, with their responses in turn influencing them, so that family members are mutually generating jointly constructed

communications based on continual processes of change. Later, Watzlawick et al. (1967) named these repetitive patterns of interaction 'circularities'.

Jackson (1957) suggested that, in the same way that the body has an automatic tendency to maintain balance, family systems also have a propensity for homeostasis. He postulated that a symptom in one family member develops and functions as a response to the actions of the others in the family and in some ways becomes part of the patterning of the overall system. So this seems to follow what may be called the 'principle of economy', where tensions generated in a pathologic family system are reduced by a projection of tension onto a particular family member. Attempts to change the symptom (or other parts of the system) often encounter resistance through the unconscious patterns of emotional responses among family members, since the system operates as a whole and strives to maintain homeostasis. This principle, along with verbal and non-verbal communication processes such as double bind (Bateson et al., 1956; Weakland, 1976), contributed to a new understanding of schizophrenia and other disorders from a systemic perspective.

Since this early research, there have been a host of significant developments and diversions in models and perspectives, making it difficult to capture such a varied field of ideas and practices in systemic therapy. In an effort to bring these together, Carr (2008) classifies theories according to their central focus of concern, being either behaviour patterns, belief systems or contexts. However, I find that Dallos & Draper's (2000) description of three phases of development, along broad timelines that correspond to wider paradigm shifts, a more accessible organising framework.

Following the founding theories in the 1950s and the emergence of structural (Minuchin, 1974) and strategic (Haley, 1973) family therapy based on the idea of realist viewpoints up until the mid-70s, the next phase to the mid-80s shifted to a post-modern or constructivist philosophy. The idea that reality involves construction brought in 'second-order cybernetics', where families were seen as actively co-creating meanings and the therapist was more of a collaborative explorer. The third phase from mid-1980s to the present day emerges from

social constructionist theory which postulates that language, as a shared currency of meanings, influences family relations and dynamics.

However, notwithstanding continued evolutions in the field, there are certain commonalities which I can see across the systems paradigm as a whole. My sense is that, although there are different ideas about how it occurs, there is a basic understanding about the inter-related and mutually influencing nature of families. This leads to the view that 'problems' or 'distress' are best understood as emergent properties of the system's ability to adapt to change, rather than as characteristics of the individual members (Bor et al., 1996). In this way, therapeutic interventions are aimed at specific facets of the system (the whole family) rather than aspects of individuals. The goal of systemic therapy is to facilitate change at a systemic level by improving the effectiveness of communication or shifting the balance between different parts of the system (McLeod, 1993). Therapists may tend to work in teams and use a limited number of high-impact sessions.

In this way, the theory necessitates different clinical practices from those more typically utilised in individual therapeutic work. But, more than that, it is difficult to underestimate the impact systemic thinking had on established psychotherapeutic theories, as it represented a profound shift from an intrapsychic to an interpersonal perspective. Bateson (1972; p.275) writes that whilst:

"Freudian psychology expanded the concept of mind inwards to communication systems within the body.....what I am saying expands minds outwards... .. to pathways and messages outside the body".

This, say Dallos & Draper (2000; p.23), "helped liberate individuals from the oppressive and pathologising frameworks that had predominated".

Certainly for me as a counselling psychologist, the great strength of systems theory is the acknowledgement and theoretical explanation of people as relational beings embedded in their social systems. It makes sense to focus on the family as it is "the primary and, except in rare instances, most powerful system in which we humans ever belong" (McGoldrick et al., 1999; p.2), acting as the crucible in which we develop our identities and learn how the world

operates (Hedges, 2005). So, systems theory has extended my view of human relational development gained from object relations (Bowlby 1979; Winnicott, 1965), self psychology (Kohut, 1984) and neuroscience (Schore, 2003) by opening my awareness to family and sibling relationships, thus giving me different viewpoints and a wider scope to consider. Having said that, whilst I am aware of general criticisms directed at systemic work in its various forms (Dallos & Draper, 2000; Carr, 2008), the main issues for me are the lack of explication regarding internal psychological processes and the role of the unconscious, both of which I shall consider further in my Discussion.

### **1.5.2 Transgenerational transmission in families**

A systemic perspective with families involves understanding both the current and historical context of the family. In the lifecycle of a family, the 'flow of anxiety' occurs along both horizontal and vertical dimensions: the horizontal involves the flow of the family as it moves through time coping with changes and transitions, and the vertical focuses on patterns of relating down generations (McGoldrick et al., 2008). Exploring the meaning of events within my own family's history meant that I became interested in transgenerational models of family therapy (Bowen, 1978; Boszormenyi-Nagy, 1987; Framo, 1982). Broadly, these postulate that patterns of interactions or relationships in families can be replicated from one generation to the next. For example, the manner in which families form attachments, manage intimacy, deal with power and resolve conflict may mirror earlier family patterns, with unresolved issues showing up in symptomatic behaviour patterns in later generations. One expression of this from a personal perspective might be my choice to work as a therapist in a bereavement service, which can be understood within the wider transgenerational context of loss in my family.

Different theories and ideas have been postulated about the exact nature and mechanism of transgenerational transmission in the literature and research. In one of the best known models, Bowen (1978) included the 'multigenerational transmission process' as one of eight interlocking concepts within his systemic theory of human behaviour. In this, he proposed

how patterns of relating and functioning are transmitted primarily through 'emotional triangling'. This describes when two people join together in relation to a third, which normally serves to reduce tension in the initial dyad. For example, a mother may seek closeness to her daughter to create distance from a conflicted relationship with her husband. As the basic unit of an emotional system, this triangular pattern of relating can then be repeated over the generations. However, it is worth noting that, whilst Bowen's theory has had a substantial impact on the development of family therapy, recent research has focused on assessing the validity of concepts such as triangling (Miller et al., 2004).

As families are systematically interconnected, there is a sense in which coincidences of historical events reveal emotional connections or systemic patterns, for example 'anniversary reactions'. Schutzenberger (1998) discusses how a transgenerational repetition of unfinished business can happen on the anniversary of a troubling event occurring to an ancestor. So people tend to go through a period of increased vulnerability when they near the age at which one of their family members had 'troubles' or a traumatic experience, such as becoming depressed or experiencing an exacerbation of physical symptoms at the same time each year around the date when a parent or sibling died. The term 'anniversary reaction' was developed from Freud's work on transgenerational transmission and there are now many studies to show the presence of anniversary reactions in the context of mortality and illness (Leader & Corfield, 2008).

Indeed, transgenerational transmission can be said to have psychoanalytic roots as Freud (1939; p.99) was intrigued by it and wrote about the influence of previous generations on patients in terms of family repetitions and 'reverents' or ghosts:

"the archaic heritage of human beings comprises not only dispositions but also subject matter: memory traces of the experience of earlier generations".

His explanation for the phenomena was through his nascent conception of the 'unspoken' or 'unvoiced' *das Unbewusste* (unconscious) as 'the black hole' that every person carries inside (Gay, 1988). He saw this as a 'black hole connected to others', to family members, close relations and society as a whole. In 1913 (p.157) Freud posits very confidently:



“I have taken as the basis of my whole position the existence of a collective mind, in which mental processes occur just as they do in the mind of an individual. In particular, I have supposed that the sense of guilt for an action has persisted for many thousands of years and has remained operative in generations which can have no knowledge of that action. I have supposed that an emotional process, such as might have developed in generations of sons who were ill-treated.....has extended to new generations which are exempt from such treatment”.

This seems like a remarkable assertion in the early development of psychotherapeutic practice. But he was not alone, as Jung's aforementioned ideas complement Freud's. Jung (1966) saw his collective unconscious as an inherited, transpersonal unconscious shared by all; it is inborn and therefore exists outside of any personal experience. Similar to the suggestion of seemingly unconnected events in anniversary reactions, he introduced the concept of 'synchronicity', which refers to the coincidence in time of two or more causally unrelated events which have an important meaning for a person. In addition, the father of group therapy and psychodrama, Moreno (1934) postulated the existence of the family and group 'co-conscious' and 'co-unconscious'. He talked about unconscious minds (however close or far apart in real distance) which can converse together through a combination of empathy, transference and unconscious communication from 'somewhere' in time: a circular time.

Many other psychological theorists have also ventured similar ideas about forms of the unconscious, our human connectedness and transgenerational transmission (Schutzenberger, 1998). This reflects a long history in different cultures of understanding the influence of and need to venerate ancestors; for example, in Zulu there is a word 'ubuntu' which translates as “we are who we are today because of you who came before us” (Newman, 1998; p.6). It is also taken up in what might be seen as more esoteric practices, such as family constellations (which postulates three levels of associated conscience in individuals, families/ancestors and ethnic/national groups) and Brennan Healing Science (which believes that relationship cords can attach us to parents, siblings and ancestors)

(Payne, 2005). However, until recently it has been difficult to elucidate these connections except through theoretical ideas such as the collective unconscious, and perhaps phenomenologically through personal experience (for example, my experiences in a family constellations workshop which precipitated my personal journey into my family history). But, as I shall explain further in my Discussion, quantum physics now offers some scientific explanation for the processes involved.

In addition, a major body of research and thinking has developed in the specific area of transgenerational transmission of trauma. It is perhaps no coincidence that when Freud (1919; p.219) wrote about his initial ideas, he talked about the 'uncanny' as "what is frightening – what arouses dread and horror, which lies in the times in which we live", an allusion to the First World War that had just concluded. Since then, the multigenerational effects of grief and trauma have continued to be theorised in the psychoanalytic tradition (for example, Kestenberg, 1982; Levine, 1982; Grubrich-Simitis, 1984; Fonagy, 1999) and increasingly researched following significant events later in the 20<sup>th</sup> century, such as the Second World War, the Holocaust, September 11<sup>th</sup> and other genocides.

The concept of transgenerational trauma refers to the process by which elements of parents' traumatic experiences are passed onto their children. It has been shown that when grief and trauma are not attended to with awareness and compassion in one generation, the deleterious effects cascade through the family tree, creating a domino effect of dysfunction (Gajdos, 2002). For example, Kellermann (2001) found that children of Holocaust survivors have difficulty dealing with stress and a higher vulnerability to post-traumatic stress disorder (PTSD). In a more physiologically based study researching the babies of mothers exposed to the World Trade Centre Attacks, Yehuda et al. (2005) found that the effect of maternal PTSD related to cortisol can be observed in their one year old babies, thus underscoring the relevance of in utero contributors to a putative biological risk for PTSD.

However, this field is complex, and there is evidence that, whereas clinically based reports about the offspring of Holocaust survivors point to the transgenerational transmission of traumatic experiences, more controlled studies have not found much psychopathology (Van

Ijzendoorn et al., 2003). Researchers are now investigating traumatisation within third generation Holocaust survivors (for example, Sagi-Schwartz et al., 2008), which may further elucidate the intricate protective and risk factors involved in the continued transmission of trauma.

Despite some varied findings, there has been much debate about the potential mechanism for the transgenerational transmission of trauma, with attachment theory playing a central role. Bowlby (1979) highlighted the functioning of the 'attachment behavioural system', which has primary and immediate responsibility for regulating infant safety in the environments of evolutionary adaptiveness. Subsequent research has shown that the attachment system not only provides protection for the infant but enables the development of psychobiological attunement between infant and caregiver, which forms the basis of a secure sense of self. So in current psychobiological models, attachment is defined as the interactive regulation of states of biological synchronicity between and within organisms (Schorer, 2005b).

Numerous studies have shown that a caregiver's capacity to respond to their child based on their own regulatory experiences (influenced by trauma and loss) shapes their child's attachment system. Insecure attachments develop when the infant does not have a mental representation of a responsive caregiver when they feel fearful or helpless (de Zulueta, 2006). The caregiver cannot interactively repair the infant's negative affective states, so the infant matches the rhythmic structures of the caregiver's dysregulated arousal states (Schorer, 2009). In addition, caregivers can induce traumatic states of enduring negative affect in the child, either by frightening them or appearing frightened. For example, Hesse & Main (2006) have shown how a fear alarm is triggered in the infant when the mother enters a dissociative freeze state. Together, both experiences:

"central to the transgenerational transmission of psychopathology, are stamped into the insecurely attached infant's right orbitofrontal system and its cortical and subcortical connections" (Schorer, 2002; p.19),

thus reducing their ability to regulate their own emotions and tolerate stress in later life.

Therefore, attachment research suggests that people parent their children in terms of how they were parented themselves (Dallos, 2009). This transmission occurs through internal working models (Bowlby, 1979), as the mother has acquired a working model of attachment from her own experiences as a child with her own parents, which becomes activated and shapes how she reacts to her infant (Stern, 1995). It is poignant that one of the most common sources of insecure attachment is what Fraiberg et al. (1975) called 'the ghost in the nursery': a parent's unresolved mourning for a loved one.

I would like to highlight that attachment theory shares common features with systems theory as attachment is viewed as an interactional system based on mutual influence and feedback between caregiver and child. Together with intersubjectivity theory (Stolorow & Atwood, 1992) and contemporary relational psychoanalysis (Aron, 1999), it has developed traditional psychoanalytic ideas about intrapsychic processes into a more relational and reciprocal view of human development. Some theories, for example Dallos's (2009) Attachment Narrative Therapy, are broadening this further by acknowledging that attachment is a multi-person, rather than essentially dyadic, phenomenon because the child generates different attachments to each parent and to the relationship between the parents. However, as I shall propose later in my Discussion, I believe a more comprehensive systemic perspective also needs to include sibling relationships and family dynamics.

### **1.5.3 Integration between systemic and individual psychotherapy models**

Reflecting on my review of theory and research so far, much of the literature indicates the importance of considering the family context in which clients are embedded and by which they are influenced. Indeed, a leading family therapy researcher, Stratton (2006; p.4) says that:

“where therapy fails to take account of anything but the client's internal world, the process will be little more than fishing a drowning man out of a river, teaching him to ride a bicycle and then throwing him back again”.

Schutzenberger (1998; p.36) also comments that:

“if we cure an individual without touching the whole of the family, if we have not understood the transgenerational repetitions, we have not accomplished much in therapy”.

The question follows: how is it possible to work with a client's family system in one-to-one therapy, where the focus is on the individual rather than the family? So, as well as understanding a client's presenting issues by exploring their development through interaction with their primary care givers, the therapist also considers how they are influenced by their family and ancestral patterns. In this way, the inclusion of a systemic viewpoint is more holistic as it offers a consideration of the question 'where?' in terms of 'where' the client's problems are located in the time and place of their personal and family history (Evans & Gilbert, 2005).

Initially it appears difficult to integrate traditional models of family therapy with those of individual therapy because there is a focus on relational processes 'between' rather than 'within' people, as well as different ideas about the role of the therapist and methods of practice. However, there have been moves to bring some aspects of theory and practice together, perhaps because individual therapists acknowledge that “it is essential to include in their work an awareness of systemic influences on the lives of their clients” (McLeod, 1993; p.191). In addition, systems theorists are becoming increasingly interested in how family members internalise their experiences (Dallos & Draper, 2000).

My appraisal of the literature reveals that most citations explore the potential integration of systemic/family therapy and psychotherapy traditions; I could only find one article within a counselling psychology publication specifically (as I shall detail below). As a brief overview, my perception of some examples of integration falls within three approximate areas, which I have outlined in turn below.

In the first instance, some theorists acknowledge how different approaches can complement each other to enhance understanding of the client and dynamics within the therapeutic process. For example, Flaskas & Pocock (2009) asked therapists with a known interest in systems theory and psychoanalysis to write about what was currently engaging them. Within

various eclectic chapters, the content that emerged highlighted some tentative convergences between psychoanalysis and systemic therapy, which contained “possibilities for mutual enrichment” (Flaskas & Pocock, 2009; p.xx). These include linking reflective processes in family systems therapy with reflective function, and considering the ‘realness of meaning-making, socially constructed experience’ whilst holding awareness of the unconscious, dialogical process.

From a less theoretical point of view, other therapists have developed creative ways of working with a client’s context in one-to-one therapy. For example, Broughton (2006) discusses the use and impact of adopting a family constellations approach with individuals, postulating that it can be a simple technique in itself as well as a way of viewing clients within their system.

Orlans (2008) highlights a number of different factors at play within a specific case example, which could not be understood within a single modality focus. Highlighting intrapsychic, intersubjective and contextual/transgenerational dimensions emerging with this client, she believes that a creative way of working, allowing the freedom to bring context directly in the room, brought together a number of threads that facilitated a different experience of the client’s and his family’s past. Therefore, Orlans (2008; p.39) advocates that:

“it is often the holistic nature of the person in their social context that needs to take priority over a more fragmented system of psychotherapeutic thought”.

My second grouping involves writers who have proposed a ‘meta-theory’ by integrating a number of concepts or theories together. For example, Feldman (1992) puts forward a full theoretical and clinical integration of individual and family therapy into a multi-level model. Believing that intrapsychic and interpersonal problem stimulation processes interact in a reciprocal, circular pattern involving all family members, he takes the position that an integration of individual and family concepts and treatment is not only possible but therapeutically preferable and more effective than family or individual therapy alone. It is not clear how his work has developed since then, but reviews at the time (such as Clance & Riviere, 1992) suggest that more data was required to evidence success of the model.

The aforementioned Attachment Narrative Therapy (Dallos, 2009) also sets out a framework for practice that provides a new, integrative approach to working with families, couples and individuals. By specifically bringing together attachment theory, systemic practice and narrative approaches, it develops a theoretical base for exploring how clinicians can work therapeutically 'within' and 'between' individuals, in terms of how people construct their relational context and how the relational context influences people. The focus is on theorising emotion in relational terms, helping people create narratives of how they healed their relationships. However, whilst I like the emphasis on interactional processes and recognition of transgenerational patterns within this model, my concern is that it requires specific knowledge of the theories in order for therapists to utilise it properly.

In addition, there is the ecological approach by Willi (1999), which integrates systemic and psychodynamic ideas with the key tenet being that the individual shapes his environment into a personal 'niche' that allows him to meet his emotional and interpersonal needs. This framework is based in the idea that a person exists within a social system and that constructive change involves taking into account what is happening in the system as a whole. In a sense, Wilbur's (2000b) 'All Quadrants, All Levels' model also synthesises the individual and collective as he believes that, all four interior individual (intrapsychic processes), exterior individual (personal behaviour), interior collective (cultural processes), exterior collective (societal behaviour) perspectives are needed for a complete and holistic view of the world. However, whilst offering interesting theoretical propositions, neither of these models elucidate their specific clinical applications.

My final grouping concerns a number of articles and books citing the use of systemic therapy concepts and techniques with individuals. These range from emphasising one particular technique such as circular questioning (Athanasiaides, 2008), focussing on a particular client group such as clients with HIV (Bor et al., 1993) or applying a full systemic framework, for example Hedges' (2005) social constructionist approach, McGoldrick & Carter's (2001) coaching for individuals or Jenkins & Asen's (1992) 'family therapy without the family'. It is

important to note that most of these were issued within couples/family publications, with only the Athanasiades article coming from a counselling psychology journal.

The therapeutic approach within these examples involves individual symptoms and problems being placed in a systemic context and explored in terms of the entire spectrum of functioning and relationships. As Krause (2003; p.8) says, the aim is to:

“help people change, not primarily through personal insight or through the therapeutic relationship between therapist and client, but by working with persons and families so that a new and more useful understanding of their own place in the intimate and social relationships can emerge”.

As the work focuses on the client’s natural system (their family), this is given priority over the therapeutic system; so therapists refrain from developing a corrective relationship or working with the transference. Indeed Stratton (2006) believes that mobilising the resources of the family in therapeutic work is a more powerful instrument than the therapeutic relationship alone, thus constituting one of the key ways in which therapists working one-to-one can benefit from specific aspects of systemic thinking.

He also says it is important to take detailed account of the way in which change in the individual is likely to impact the system of which they are a part. I support this contention as I have often observed that changes in my clients cause subsequent changes in their family or social group, which can feedback to either help or hinder further therapeutic change for them as individuals. So it is interesting that Freeman (1992) talks about family therapy with individuals being conducted with the specific aim of repositioning the client in the context of their family, with part of this involving piecing together the story of the client in the light of their family and transgenerational history.

On further reflection, perhaps doing systemic therapy with individuals is not so unusual, as Bowen’s theory developed out of his personal efforts to apply his approach to himself (McGoldrick & Carter, 2001) and other therapists, such as John Weakland in Bateson’s research team, also wrote about it at the time of their original research (Hedges, 2005). However, in most cases it seems to be considered as part of an overall approach with



families, therefore Minuchin et al.'s (1978) work describes direct work with individuals as an integral component of the therapy of severely disturbed patients and their families. In this way, maybe systemic therapy is not a question of how many people are seen, but refers to the theoretical framework which informs what the therapist does. Although, in the citations given above, it is not always clear if they are suggesting work with individuals per se or as part of wider work with families. For example, McGoldrick & Carter (2001) say that individual therapy should be conducted with the most functional and motivated family member and Jenkins & Asen (1992) state that therapists should be open to involving other family members where required. Either way, Jenkins & Asen (1992; p.13) state that:

“systemic work with individuals should not be considered as the easier option...as....the therapist must constantly hold the tension between the individual and his wider social context if comfort and cosiness are to be avoided”.

#### **1.5.4 Using genograms to understand the client's family context**

In addition to applying a full systemic framework, Jenkins & Asen (1992) also discuss using specific family therapy techniques such as genograms, family drawings and letter writing in their work with individuals as they help clients externalise their problems and consequently gain some measure of control over them. I developed a particular interest in genograms because they are the most widely used clinical tool in family therapy for acquiring, storing and processing information about family history, composition and relationships (Neill, 2006). Although Schutzenberger (1998) argues that the genogram sprang from Moreno's first reflections on complex family systems and the social atom, it is more widely posited that genograms and Bowen's systems theory are inextricably linked (De Maria et al., 1999). After Guerin & Pendagast (1976) published one of the first chapters on genograms interwoven into a text on Bowen's theory, it is reported that a standardised genogram format was worked out in the early 1980s by a committee of leading family therapists including Bowen himself (McGoldrick & Gerson, 1985). However, although originally associated with Bowen systems therapists, the use of genograms has developed such that they are now a widely

used clinical tool by a number of health and social care professionals, including GPs and social workers as well as therapists from different theoretical orientations.

In its basic form a genogram is a graphical representation of family structure. Although some distinguish between a 'genogram' as an annotated family tree and a 'sociogram' showing more detailed relational patterns (Burnham, 1986), my experience is that, when used psychotherapeutically, practitioners and authors include both definitions within the term genogram. In addition to a simplified version of my genogram shown in Figure 1 above, I have included an additional example of a different genogram in Appendix 1.

Using genograms psychotherapeutically, it is possible to show the bonds between family members, important life events, accidents, moves and occupations in the family, thus providing a tangible map to highlight complex relational patterns and functioning. Taking a wider perspective, the medical, behavioural, genetic, cultural and social aspects of the family system can also be included. Genograms can be adapted according to the purpose of work, presenting issue and clients; so they have been extended for use with couples (Scarf, 1987), in transgenerational therapy (Woolf, 1983), looking at cultural issues (Hardy & Laszloffy, 1995) and community contexts (Rigazio-DiGilio et al. 2005) and focussing on deaths/loss (Walsh & McGoldrick, 1991). Therefore, as an example, it would be possible to focus on deaths/loss within my simplified genogram in Figure 1 (on p.3). A starting point for exploration could be considering the impact of two deaths on the family in 1976, before focussing on individual member's experiences of bereavement.

As genograms graphically display a large quantity of complex information in a structure that is easy to understand and assimilate, they can be used as an information-gathering assessment tool. Indeed, McGoldrick et al. (2008) state that collecting genogram information should be an integral part of any comprehensive clinical assessment with families. But this information can also provide a rich source of hypotheses about how a clinical problem may be linked to family history, behaviour and relationships, and how an issue may evolve over time. Thus, McGoldrick et al. (2008) see the genogram primarily as an interpretive tool that enables clinicians to generate and assess suppositions about the family's functioning.

Genograms help to reveal patterns and events which may have recurring significance within a family system. McGoldrick & Gerson (1985) believe that the act of mapping relationship and functioning patterns onto a genogram with a family functions in a similar way to language because it helps people's reflective processes. Therefore, using a genogram can be seen as a therapeutic intervention and part of the process of counselling. In this way, genograms can help engage the whole family in the therapeutic work, with the process of charting and discussing family history allowing the therapist to both build rapport and organise complex family information.

I think one of the most important applications of genograms is that they help therapists conceptualise their client's problems systematically by taking into account the way in which life events and relationships maybe connected to family structure, beliefs and psychological problems as well as health and illness. So they enable the clinician to see symptoms and problems in their current and historical context. McGoldrick et al. (2008) remark that symptoms tend to cluster around life cycle transitions when family members face the task of reorganising their relations with one another. Thus what is revealed in a genogram provides clues about how a symptom may have arisen to preserve or to prevent some relationship pattern or protect some legacy of previous generations.

In this way, viewing a presenting issue or symptom in terms of its meaning and wider context reminds me of Freud's (1895) work around conversion symptoms. Postulating that many physical symptoms are coded expressions of unconscious fantasies that are connected to the patient's emotional life, he viewed illness as an indication of the person's unconscious processes. This is supported by Ribeiro-Blanchard (2011), who states that physical symptoms function at the unconscious level as they may be an individual's attempt to get their needs met or make a statement about a problem within the family. In my mind, using genograms in assessment and treatment planning seems to allow a more holistic view of the client in their context that is consistent with my values and the philosophy of counselling psychology.

However, it is interesting that I can only find three articles about using genograms in clinical work within counselling psychology publications. Most recently, Alilovic & Yassine (2010) discuss genograms as an integral part of the assessment process, but only in the context of work with families. Previous to this, Papadopoulos & Bor (1997) and Stanion & Papadopoulos (1997) wrote a two-part review about the efficacy, utility and construction of genograms in generic (rather than counselling psychology specific) counselling and medical practice. In the first of these, Papadopoulos & Bor (1997) comment that, while most published papers at the time focused on genograms as an information gathering tool, only one paper (Beck, 1987) had investigated and identified beneficial by-products of attending to the therapeutic process whilst using a genogram (for example, increasing the therapeutic alliance). Therefore, they call for more research to examine the genogram's potential as a clinical tool, particularly focussing on the benefits for psychological therapists.

My understanding is that, since then, a plethora of research has explored the use of genograms in a variety of settings and applications. But this seems to be mostly within the field of couples, family or group psychotherapy, not individual psychotherapy or counselling psychology. I have found that, although many publications discussing genograms mention their use with individuals, couples and families, the text consistently refers to 'families' and it is not stated if applications are pertinent to individuals as well.

Papadopoulos & Bor (1997) state that genograms can be used effectively in individual (and couple) therapy and provide examples of when it might be particularly relevant to do so, such as when the problem has implications for family members or therapy focuses on personal growth and development. However, it is unclear where these examples originate from and how they are substantiated. Through my explorations, I could only find two other references which cite the clinical use of genograms with individuals; they include a case study within Gajdos's (2002) aforementioned discussion of transgenerational trauma and how genogram-based exploratory techniques were used as part of the systemic treatment of a woman with paranoid personality disorder (Carvalho et al., 2008).

This is perhaps surprising given that, in her latest book, McGoldrick (2011) talks effusively about the poignancy of her own personal experiences and thus the power of others undertaking a genogram journey into their family's histories as a crucial way of re-connecting to their identity. McGoldrick (2011; p.28) says: "the thread to your past is the ladder to your future".

Therefore, whilst much literature and research details the varied use and benefits of genograms, my extensive searches revealed an absence of studies looking at their integration into clinical practice with individuals, particularly within integrative psychotherapy and counselling psychology. Considering how to conduct my project, genograms appealed to me as an accessible tool that can be used to investigate the client's context actively in one-to-one therapy. They allow the investigation of the client's sense of self within current and historical family dynamics, thus integrating developmental theory with systems theory and transgenerational research. In addition, as Stanion & Papadopoulos (1997; p.143) state:

"it is possible for any therapist.....to acquire the skills and knowledge necessary to incorporate genograms into their work",

I deemed that the findings would be applicable to my own practice as well as other integrative psychotherapists and counselling psychologists in the wider field.

## **1.6 My research aims**

This project investigates how genograms are used in therapy to consider the influence of systemic factors on the individual. My focus is on one-to-one therapy where only the therapist and client are explicitly present, rather than in family therapy where different family members can attend, so they carry their contexts implicitly with them.

I was particularly interested in exploring how genograms can be used as a therapeutic tool within the ongoing and evolving process of the relationship between a therapist and their client. This involved examining how and when a genogram is introduced and returned to

within therapy, how the information and awareness gained about the client's current and historical family system informs the therapist's understanding of the client (and the client of themselves) and how this is utilised to effect therapeutic change.

Therefore, I paid attention to how using a genogram signifies the evolving interplay between exploration of the client's system, their intrapsychic world and interpersonal issues within the therapy: how and when systemic and more personal factors maybe more figural at certain times. For example, if a client presents with depression, it may be related to the anniversary of the death of a family member, and/or it could represent a learnt reaction from their childhood in response to a condition in their environment. My curiosity focused on how the therapist works with the depression given its context within client's personal and family history.

In this way, my main research questions centred on the process of using genograms in therapy:

- How do therapists use genograms in their work with individual clients?
- How does the information gained from a genogram inform the therapist's understanding of the client and how to work with them therapeutically?

I referred to the following questions to focus my interviews further:

- At what point in the work do therapists introduce the collation of/refer to a genogram and what influences this decision?
- Is there anything therapists pay particular attention to in a genogram that they may keep in mind/follow up later in the work?
- How does the information gained influence therapists understanding of their clients?
- How does this understanding inform the therapist's anticipated treatment direction with clients?

- What is the clients' response to the use of a genogram within therapy?
- To what extent does the use of a genogram emerge in the course of the therapeutic work?

### **1.7 Integration with my philosophical and value base**

This project is closely linked to my values as a psychological therapist because it focuses on, and seeks to explore, issues around addressing the client's context and taking a holistic approach within a framework of relational working. I think that it also reflects my commitment to embrace a pluralistic stance because I am investigating how intrapsychic, interpersonal and transgenerational perspectives can be held alongside each other in practice.

With a focus on the contextualised construction of personal identity, my research integrates with my social constructionist philosophical position. I am informed by constructionist thinkers such as Gergen & McNamee (2008) who are concerned with the 'social embeddedness' of a client's subjectivity, where the core issue is not the aetiology of symptoms but the interpersonal and social processes which maintain those symptoms. In this respect, it is important to consider the client's social network because the client brings his family or 'problem determined' system into his therapeutic work (Goolishian & Anderson, 1987).

### **1.8 The value of this research to the practice of psychological therapy**

My research is relevant within the current professional context that is directing change in psychological therapies, particularly counselling psychology. This involves modernisation in the delivery of mental health services in the National Health Service (NHS), including the roll-out of the 'Improving Access to Psychological Therapies (IAPT) programme. These

changes affect the profession's agenda as the NHS is the biggest employer of counselling psychologists (Athanasiaades, 2009).

There is some sense that the NICE guidelines which underpin the IAPT programme espouse a medical model; this means that the:

“the rich and complex discourse of 120 years of psychotherapy, with its attention to the nuances of individual experience, is collapsed into comparisons of specific protocols for specific diseases” (Mollon, 2009; p.130).

By exploring the use of a clinical tool which allows a more holistic view of the client's presenting issues, my research advocates an approach which is consistent with the essential values of counselling psychology, particularly understanding the client as a 'socially- and relationally-embedded being' (Cooper, 2009). As such, my project provides a contribution to professional practice by demonstrating the value of considering the client within their context and thereby challenging the lean towards reductionism within the current professional climate.

It is particularly important to assess the efficacy of more holistic approaches when government policy increasingly leans towards a more streamlined workforce, with more generically trained workers providing short and more standardised, diagnostic-based, stepped-care treatment programmes (such as IAPT), in response to growing cost pressures within the health economy (James, 2009). Indeed, the advent of regulation by the Health Professions Council has brought a focus on the competencies of staff to deliver psychological care pathways, rather than identifying service provision by any particular profession such as psychology (Turpin, 2009). This has led to debates and self-reflection concerning the future (identity) of counselling psychology, where there is a need to demonstrate the 'added value' of 'applied' psychologists.

Cooper (2009) asserts that 'responsiveness' to the client is one of the key values and distinguishing features of counselling psychologists. He argues that, whilst the increasingly



encouraged approach of 'protocol adherence and manualisation' maybe helpful for some clients, there may be others who would prefer a 'more flexible, responsive mode of engagement'. This includes working "holistically on the whole person rather than objectifying them into a set of symptoms" (Giddings, 2009; p.10).

When therapy in the public and voluntary sectors is increasingly time limited and there is a focus on short-term measurable outcomes, my research challenges the "rationalisation for efficiency at the expense of quality" (James, 2009; p.69) espoused by a more reductionist view of treating a person's anxiety and depression. I explore the importance of understanding the client's issues in context, thus demonstrating how this facilitates an immediate focus on the origins of the presenting issues and enhances the therapeutic process.

I also see my research making a contribution within the wider field, beyond the current policy and political debates within NHS services. As outlined above, there has been an increasing amount of research and theory written about the interconnectedness between and within humans, thereby starting to integrate ideas about intrapsychic, interpersonal and systemic processes. For example, exploring the mutually regulatory nature of attachment relationships (Dallos, 2009), recognising the emotional connections and influence of siblings in human development and throughout life (Bank & Kahn, 1997) and understanding the meaning of physical symptoms in the context of a person's emotional life (Leader & Corfield, 2008).

I see my research contributing to this movement because I think that there is sufficient evidence to show that a consideration of the client's 'self-in-relationship-to-context' (Gilbert, 2009) is crucial when working with individuals. However, whilst most psychological therapists may theoretically align themselves with Lewin's (1952) postulation that humans can only be understood in the context of their environment, I am not clear about how this translates into clinical practice as models of working with individuals and families have traditionally been different.

In this way, my research explores how there can be integration in practice through the use of a genogram which allows consideration of the influence of the individual's context in one-to-one therapy. So any focus on the client's attachment relationships with their parents is set within a wider context where there is the understanding of why, for example, their mother was unable to be emotionally available to the client as an infant because of her own experiences. This means that any tendency towards reductionism opens out into the allowance of a more holistic perspective and possibility for wider healing.

### **1.9 Closing remarks**

In this opening section of my thesis, my aim has been to set the scene for the rest of my project. I have outlined the background to my research and argued its importance and value within the context of existing theory, literature and clinical practice. I shall now explain how I approached the collection and analysis of my data within my Research Design and Methodology.

## **2 Research Design and Methodology: Discovering and understanding therapists' experiences**

### **2.1 Overview of this section**

In this section, I shall outline my approach as a practitioner researcher to generate 'knowledge in context' (McLeod, 1999) in relation to my research questions. As well as detailing the methods and procedures I adopted, I shall reflect on the quality and ethical considerations of my project. I aim to convey how I have stood 'within' my research, showing awareness of how my emerging constructions of concepts have shaped both the process and product.

### **2.2 My methodological approach**

As I begin, I would like to distinguish between the 'methodology' (general approach to studying research topics) and 'methods' (specific research techniques) of my research (Willig, 2008). Much qualitative research is derived from a social constructionist perspective (Gergen, 1994) which regards the reality we experience as created by the actions, beliefs and cultural history of a group of people: there is no single 'objective' truth but rather a variety of 'local' knowledge or truths.

I outlined in my Introduction that I take a participatory world view (Heron & Reason, 1997), where individuals articulate their reality within an intersubjective field. So I adhere to the values of counselling psychology by respecting my client's subjective experience. Therefore, my philosophical position, and that of counselling psychology as a profession, is consistent with qualitative methodologies where there is a focus on the exploration of lived experience and participant-defined meanings. It is also relevant to my research topic that the development of qualitative research was strongly influenced by ideas about the importance

of understanding human behaviours in their social and material contexts (Ritchie & Lewis, 2007).

Kvale (1996a) says that research methods are a “way to the goal” (p.278) so I knew that my research question (the ‘goal’) should inform my choice of method. I have outlined below my reasons for choosing a version of grounded theory that is consistent with a qualitative methodology and how I integrated a reflexive attitude into this method.

### **2.2.1 Full, social constructivist version of Grounded Theory**

I wanted to choose an experiential approach, such as grounded theory or interpretative phenomenological analysis (IPA), rather than a discursive approach (Reicher, 2000) for my research. This is because I am more interested in understanding how people experience and make sense of their world rather than how language is used to construct a particular version of reality.

IPA aims to explore the participant’s personal and lived experience from his or her perspective (Lyons & Coyle, 2007). Therefore, I was originally interested in using IPA because its philosophy is compatible with investigating therapists’ experiences of using genograms. However, I chose grounded theory because it would enable me to explore my participants’ understanding, perceptions and experiences whilst also facilitating a process of ‘discovery’ or theory generation from research grounded in data. I specifically wanted to use this method to develop an explanatory framework about a topic area that had not been studied before. My intention to focus on the exploration of a particular tool in the therapeutic process also integrates with the objectives of grounded theory, as it was originally developed to clarify and explain social processes and their consequences.

Grounded theory was originally influenced by a positivist epistemology (Glaser & Strauss, 1967) where it was understood that the theory which emerged from the data was distinct

from the scientific observer. Later formulations favoured a more interpretative stance (Strauss & Corbin, 1990) and subsequent researchers have developed it further with their own versions of the method (for example, Charmaz, 1990; Seale, 1999; Bryant, 2002; Clarke, 2003).

I chose to use a more recent, social constructivist version (Charmaz, 2006) of grounded theory which is more in line with my philosophical position. As a more reflexive version, it takes into account the influence of my interpretation as a researcher. Thus, it acknowledges that categories and theories do not just emerge from the data, but will be constructed by me through interaction with the data: it is a co-created process in a similar way to the co-creation of a therapeutic relationship between therapist and client.

I elected to use the full version of grounded theory, rather than an abbreviated version where only initial open coding is used (Willig, 2008). In the full version, data collection is progressively focussed and informed by tentative theories emerging from earlier analysis. I was drawn to this creative and flexible approach where the research focus adapts and evolves in tune with the growing body of data. I shall explain more about how I used this abductive method (Charmaz, 2006) of grounded theory in my Data Analysis section below.

### **2.2.2 Reflexivity**

As a qualitative researcher, I believe reflexivity is integral to my role in constructing the data. For me, reflexivity is an extension of the concept of an internal supervisor (Casement, 1985) which I use as a clinician to critically reflect on the co-created therapeutic relationship between me and my client. In my view, reflexivity:

“facilitates a critical attitude towards locating the impact of the researcher context and subjectivity on project design, data collection, data analysis and presentation of findings” (Finlay & Gough, 2003; p.22).

Therefore, a reflexive stance integrates with my philosophical position because it requires awareness of my contribution to the construction of meanings throughout the research process and an acknowledgement of the impossibility of staying 'outside of' my subject matter. However, I wanted a clear idea about how I would approach reflexivity as there seems to be great variation in practice and I knew there would be realistic limitations on how much I could apply. So I chose to focus on personal and epistemological reflexivity (Willig, 2008) at different stages in the research process:-

### Personal reflexivity

I particularly like some of the techniques outlined by Janesick (1998). I resonate with her notion of 'stretching exercises' to shape the researcher as a 'disciplined inquirer', helping me embrace my subjectivity and refine myself as a research instrument in qualitative work.

Although I have well developed skills in critical reflection as a psychological therapist, I specifically wanted to locate myself in my personal and professional role as a researcher at the beginning of the process. So I constructed a 'Ya Ya box' as a way of reflecting on this new role before I began my interviews. Adapted from the field of art therapy, this captures my thoughts and feelings by creating a box which represents my innermost self on the inside of the box and my external self on the outside. A couple of photos of this box and some of my accompanying notes are included in Appendix 2.

This process made me think about my position as an 'insider-outsider' (Humphrey, 2007) in relation to my research topic. Whilst I was interested in and had personal motivations for choosing this topic, which meant that I wanted to 'get inside' and fully immerse myself in therapists' worlds to investigate how they use genograms, I knew that I would have to maintain a foot 'outside' so that I cultivated a non-attachment that would allow critical and creative growth.

Therefore, whilst I was collecting and analysing data, I kept in mind certain key questions:

- How am I responding to what is emerging? What tacit knowledge (my values, thoughts, feelings and views) influences my interpretation of the data?
- What assumptions do I hold that might misrepresent participants' accounts of their experiences?
- How do my own experiences (within my family and in therapy) influence my analysis of the data?

I saw the completion of a research diary as a crucial way to capture anything which arose from my experiences throughout the research process. With reference to Janesick's (1998) 'journal dialogue', my aim was to use this as a space to deepen my self-awareness of my internal responses to being a researcher and to capture my "changing and developing understanding of method and content" (Etherington, 2004; p.127).

### Epistemological

I have considered epistemological reflexivity at the design and writing up stages when I have thought about the nature of my research and its place within the wider professional field. Therefore, I have included a section about the value of my research in my Introduction above and shall contemplate the assumptions and limitations of my research and their implications for my findings within my Discussion below.

## **2.3 The process of collecting and analysing rich data**

Grounded theory methods consist of systematic yet flexible guidelines for collecting and analysing qualitative data to construct theories 'grounded' in data (Charmaz, 2006). However, I was aware that, whilst these principles describe the defining components of

grounded theory practice, for example, simultaneous data collection and analysis, coding, sampling for theory development, comparative methods (Glaser & Strauss, 1967), and provide a path through it, how I interpreted and applied these would be specific to me and this particular research project. I also knew that a method is merely a tool; so how I approached its use, in terms of keeping an open mind, being curious, diligent and persistent, would ensure that I kept my research 'alive and active' (Janesick, 1998) and thus able to gather 'rich data' (Charmaz, 2006). Therefore, as I outline my cyclical process of data collection and analysis in more detail below, my aim is to demonstrate reflexivity by being transparent about what I have brought to the research process.

### **2.3.1 Data collection**

#### Participants (co-researchers)

As my method of data collection, I conducted in-depth semi-structured interviews with accredited psychological therapists with specific characteristics. In grounded theory, samples are selected purposively because it is believed that they can contribute to the topic under investigation (Lyons & Coyle, 2007). In this way, the nature of my research question stipulated that I needed to engage co-researchers who use genograms in their work with clients.

As one of the key tools in family therapy, the majority of clinicians who have undertaken some systemic training are likely to use genograms in their practice. I specifically chose to interview therapists who have received training in both individual (for example, Gestalt, integrative, person-centred) and systemic psychotherapy models because I wanted my participants to be able to reflect on how they consider both the client's family system and their intrapsychic/interpersonal development within the therapeutic work. Therefore, my participants have either undertaken separate systemic and individual trainings (so they are essentially 'dual trained'), or covered systemic theory within their main training, as in the



case of some clinical or counselling psychologists. Given my focus on exploring the use of genograms in the process of therapy, I thought it was important to engage therapists who work relationally and could reflect on their understanding of clients from both perspectives. I also specified a minimum of three years post-qualification practice to ensure each clinician has sufficient experience to draw on when reflecting on the key issues.

Therefore, my inclusion/exclusion criteria for participants were as follows:

- HCPC, BACP and/or UKCP registered psychological therapists
- Minimum of three years post-qualification experience
- Received some formal training about both intrapsychic/interpersonal and systemic theory and practices in their initial and/or subsequent trainings
- Work relationally and use genograms regularly with individual clients as part of the process of therapeutic work

As these criteria were my priority and already quite specific, I did not further select on the basis of any other categories such as age or gender. In the end I interviewed three men, one of whose data I analysed. I shall reflect on how the characteristics of my participants influenced my findings in my Discussion later on, and detail how I engaged in theoretical sampling in the later stages of interviewing in my Data Analysis section below.

My intention was to interview ten psychological therapists. In addition to my Pilot, I interviewed twelve participants and used nine transcripts in my final analysis. I decided not to use the data from three interviews as these participants did not use genograms in ongoing one-to-one therapy. It was a useful experience for me that, whilst these participants confirmed their adherence to my criteria, we realised at the beginning of the interview that they had misunderstood my phrasing of my title “An exploratory study to investigate how therapists use genograms as a therapeutic tool with individuals in dyadic therapy”. I understood from discussions with them that they had interpreted ‘dyadic therapy’ as being

two parties, where one was the therapist and the other a client or number of clients, including a family.

I pondered the occurrence of this misunderstanding and wondered if it was offering me an unexpected path to follow. Whilst I had very interesting conversations with them about using genograms with families, I returned to my research question and re-confirmed for myself that my main interest and thus my focus was around their use with individuals. I subsequently re-phrased my title to “An exploratory study to investigate how therapists use genograms as a therapeutic tool with adults in one-to-one therapy”, which caused no subsequent misunderstandings.

I conducted my interviews between February and November 2011. I knew my criteria were quite specific, so I aimed to recruit participants in a variety of ways. I contacted training and accreditation organisations (for example, UKAHPP and the Association for Family Therapists) and was successful in asking them to send mail-outs to their members. I posted an advert on the UKCP website and in ‘The Psychotherapist’, and directly emailed UKCP and BACP therapists in London and the surrounding areas who had indicated that they were a systemic therapist or worked with families. I also followed up recommendations from each participant, from therapists with whom I had contact during the process of formulating my research question and from people I knew through my placement at St Joseph’s Hospice in Hackney. An example of one of my participant recruitment adverts is shown in Appendix 3.

#### Details of my participants

Table 1 below shows that my nine participants have a variety of backgrounds, approaches and clinical practices. Three work full-time in private practice, two work full-time in the NHS, one works full-time in the voluntary sector and one combines private practice with work in the NHS or voluntary sector. Eight work with individuals, couples and families across their practice, with the other one working solely with individual adults.

My first eight participants adhered to my original inclusion/exclusion criteria. So, they have all received training experience in both systemic and individual models of psychotherapy, with the majority training separately in two approaches and one covering both during her clinical psychology training. As I shall explain in more detail below when discussing my theoretical sampling, my ninth participant was a negative case analysis so she was not systemically trained. However, she had experience of using genograms during her first professional training as a social worker.

Interestingly, four of my participants had previous careers in social work and nursing, which had provided a catalyst for them to train as therapists. This meant that they were familiar with and, in many cases, had collated their own genogram before using them with clients in a therapeutic context.

When working with individual adults in one-to-one therapy, all my participants work integratively and relationally on an open-ended basis. Some used genograms with every client, others more occasionally according to their professional judgement; but they all felt their use was regular enough that they could talk about their current and recent experiences with clients. Indeed, I found that my participants were eager to talk about using genograms in their work, as they find them a very useful therapeutic tool that they were keen to share with someone.

My participants had between 5-35 years experience since their initial therapeutic training and were all middle-aged. They were all white, middle-class British women except one Black British man.

**Table 1:** Details of my participants

Therapist	Accred-itation	Training	Clinical approach (in their words)	Clinical practice
A	BACP	Psychodynamic counselling, family therapy	Psychodynamic and systemic	Private practice with individuals, couples and families and part-time in the voluntary sector
B	Fellow of COSRT	Nursing, integrative sex therapy, family therapy	Humanistic, integrative, psychodynamic, systemic	Private practice with individuals, couples and families

C	HCPC	Clinical psychology	Psychodynamic and systemic	Palliative care and respiratory psychologist at St Joseph's Hospice and NHS Tower Hamlets (adults and older people - individuals, couples and families)
D	BACP	Drama therapy, integrative counselling, Applied Systemic Theory	Integrative	Private practice with individuals, couples and families
E	UKCP	Mental health nursing, Kleinian psychotherapy, systemic therapy	Integrative approach focussing on attachment, phenomenology, critical theory	Systemic lead for adult mental health in North East Essex Partnership NHS Trust
F	UKCP	Social work, family therapy, psychodynamic training	Systemic and psychodynamic	Private practice with couples, families and individuals, Professional advisor for Young Minds
G	UKCP	Social work, psychoanalytic therapy, systemic therapy	Psychodynamic and systemic	Private practice
H	UKAHP	Social work, family therapy, integrative, psychoanalytic	Integrative	NHS CAMHS, adult private practice and schools with adolescents, families and teachers
I	BACP	Social work, therapeutic counselling	Integrative	Therapeutic support to patients and families at St Joseph's Hospice

## The research interview

### *Pilot interviews*

During the initial exploratory stages of my project, I conducted a couple of telephone interviews to scope the relevance and pitch of the topic area and question. I found that the question generated enough discussion, but was not too broad to lose its focus. So this gave me confidence that it “points to both limitation and openness” as recommended by Finlay & Gough (2003; p.41).

After I had received the Ethics Approval (Appendix 4) for my project and before I began my main interviews, I conducted two face-to-face interviews with the intention of testing and improving my interview schedule and interviewing skills. These helped ground me in my new role as a researcher and provided some pointers to follow up in subsequent interviews. As outlined above, I did not include these Pilot interviews in my analysis.

### *Main interviews*

After responding to an advert or email and expressing an interest in my research, I sent my participants an information sheet (as shown in Appendix 5) and confirmed their adherence to my inclusion/exclusion criteria. I paid attention to and made a note of any pre-transference (Curry, 1966) reactions from these initial and any further interactions leading up to the interview.

My interviews took place in the participants' homes if they were in private practice or in their offices if they worked for an organisation. At the beginning, I asked them to read my information sheet again and sign the consent form (Appendix 6). I recorded each interview on an electronic audio device.

I referred to a framework of topics that I had developed for my interview schedule (Appendix 7), which covered all my research questions:

- Pre-ambles to contextualise the research and outline the process
- Therapist's training and experience of using genograms
- How they use genograms with individual clients
- What information they gain from genograms and how they use this
- How genograms form part of the therapeutic relationship

My approach to interviewing was informed by Kvale & Brinkmann's (2009) 'traveller metaphor' where knowledge is constructed and negotiated rather than given, as this is in line with my philosophical position and falls within a constructionist research model. Therefore, I saw myself as my own specific research instrument because I was an active player in the development of my data (Ritchie & Lewis, 2007).

I knew I could utilise key therapeutic skills (such empathy, listening and reflexivity) to the similarly inter-relational and intersubjective role of researcher, but that there were key differences too. While it was important to build the working alliance to put the participant at ease and assist the process (Rubin & Rubin, 2005), I saw interviewing as a specific 'craft' with a knowledge-producing purpose (Kvale & Brinkmann, 2009).

So I adopted a slightly different approach than I would as a therapist. For example, my experience confirmed that a certain amount of self-disclosure at the beginning of the interview built a sense of "trust and mutuality" (Aston, 2001; p.147) and facilitated the participant's openness. I gradually learnt the balance between holding in mind and ensuring I covered all my main topic areas whilst also following the flow of the interview, listening carefully to my participants and asking specific questions to clarify explicit meanings or assumptions so I could really unpack what they were talking about. Therefore, I engaged in a combination of 'content mapping' questions to open up the dialogue and 'content mining' questions to explore the detail (Ritchie & Lewis, 2007). My aim was to gain rich and detailed data whilst simultaneously avoiding imposing preconceived concepts on it.

My curiosity and alertness meant that I specifically returned to certain details I could not immediately pick up on in the flow of conversation. So I was more persistent than I would normally be as a therapist, but it ensured I followed up significant comments. I paid attention to power dynamics at play, particularly being aware of balancing the tension between building rapport with interviewees, to whom I felt grateful for offering me their time, and needing to probe in order to obtain rich data. I made use of my therapeutic skills to understand tacit meanings and my counter-transference to monitor my responses and consider how they were influencing the evolving interview.

I noticed that my interviews became longer, deeper and more detailed as I got more proficient at interviewing and erudite with the topic area. As I engaged in a simultaneous process of data collection and analysis, my later interviews focused on following up

emergent themes and clarifying the meanings of answers with respect to my developing categories.

### **2.3.2 Data analysis**

#### Transcribing

After each interview, I made a note of any thoughts, ideas or counter-transference reactions before starting the transcribing as soon as possible afterwards so that it was fresh in my mind. This 'extended context protocol' (Flick, 2009) provided a personal and social background that enhanced the recording and transcription of what had been said in the interview.

I chose to do my own transcribing because it helped me get closer to the detail and meaning of each interview. Therefore, I soon found it invaluable as an initial analytic process. I also learnt a lot about my own interviewing style, noticing when I tended to speak or stay quiet, what I picked up on and what I tended to let pass, and reflected on the nuances of my participants' responses. I used this information to inform my approach in subsequent interviews.

I was aware that a transcription is a translation from oral to a written language, the process of which is an interpretative process (Kvale & Brinkmann, 2009) in itself. Therefore, my aim was to include as much detail about the implied meanings or non-verbal communication so that I could take this into account when I completed my coding.

For each interview, I wrote my transcription within the first column of an Excel worksheet, using a new row each time my participant or I spoke (an anonymised extract from one of my transcripts is shown in Appendix 8). As I was transcribing, I took the opportunity to "pre-code" (Layder, 1998) by highlighting rich or significant quotes that struck me. I also entered any 'Initial thoughts/transference' reactions that I remembered feeling during the interview or

was experiencing then, or which I had about my research question, towards that participant or about myself, in the next column. This was really helpful as a reflective process about the meaning of the communication between me and my participant, but also about my research in general. To document my reflexivity in this way, I started writing reflective notes within my 'Research memos' which acted as my research diary.

### Coding

I began the process of coding immediately after completing the transcription for each interview. Whilst I knew coding was an iterative process, I wanted to locate my approach within the debates about coding as a central process in grounded theory. I found myself somewhere between Glaser's (2002) notion that 'all is data', so it should be analysed with no preconceived hypothesis, and Strauss & Corbin's (1990) view of staying alert for more prescribed concepts within the data. My constructionist perspective dictated that I would have certain 'sensitising concepts' (Blumer, 1969) based on my research topic (for example, how genograms are typically used, an understanding of the process and variables within a one-to-one therapeutic relationship), which would influence how codes emerge as I interacted with my data. However, I saw these as tentative tools for developing, rather than limiting, my ideas; they helped me define my data rather than forcing preconceived ideas upon it.

I adhered to a common core of grounded theory methodologies (Flick, 2009) by proceeding with open 'first cycle' and then more structured 'second cycle' coding (Saldana, 2009). I took a 'pragmatic eclectic' approach (Saldana, 2009), following methodological guidelines whilst also using my intuition and adapting my approach to what was emerging in my data.

For my first cycle coding, I began using descriptive (Miles & Huberman, 1994), process (Corbin & Strauss, 2008), emotion (Prus, 1996) and in vivo coding (Glaser, 1978) as I felt these would capture a wide range of concepts and variables in my data. They fitted within



the definition of Charmaz's (2006; p.48) initial coding as an open-ended approach where codes are "provisional, comparative and grounded in the data". As I proceeded, I found that coding actions (using gerunds) seemed to particularly fit my data as I was looking at the use of a tool within a therapeutic process.

I chose not to use a computer programme for my analysis because I wanted to follow my own sense about how to manage my data. I am a visual person and felt that manually putting all my codes out in front of me in the later stages would help me interact with them more actively and creatively. This choice struck me as fitting given the visual nature of genograms.

In the column next to my 'Initial thoughts/transference' in my Excel spreadsheet, I entered my initial codes (an extract from my analysis of another transcript is shown in Appendix 9). I coded line-by-line with speed and spontaneity, remaining open, staying close to the data, focussing on my respondent's perspective and constructing short, simple, active and analytic codes. Where relevant, I particularly liked using in vivo codes to capture the participant's words and meanings. At this time, I was really 'splitting' (Saldana, 2009) the data into smaller codeable moments to get a feel for what was emerging. I coded everything except the 'small talk' at the beginning and end of the interview as I did not know what might be significant within my analysis at that point.

I then proceeded with my second cycle coding in the next column along in my Excel spreadsheet. I found Charmaz's (2006) focussed coding as the most salient way to remain active and close to my data whilst re-configuring and condensing it more thematically. I was now 'lumping' (Saldana, 2009) the data as I collapsed my original initial codes into a smaller number of focussed codes which captured the essence/meaning of each data segment.

At this stage, I became aware that I was more involved in constructing my data as I aimed to "capture, synthesise and understand" the main themes and concepts in each statement (Charmaz, 2006; p.59). I wanted to be explicit about the coding filter (Saldana, 2009) that

was influencing my interpretation of what was happening in the data. So I kept in mind my research questions as I coded and wrote any reflections in my 'Research memos'. I consistently asked myself "what strikes you?" about the data (Creswell, 2007; p.153) and paid attention to tacit meanings, referring to my 'Initial thoughts/transference' to see if they provided a transitional link between my raw data and codes.

I found that sometimes I chose the most significant initial code whereas at other times I wrote a new one which made the most analytic sense to categorise my data incisively and completely. I attached a focussed code to each segment of data which I intuitively saw as a distinct meaning or process unit. Most of the time this was one code per row in Excel (corresponding to a separate phrase of speech by my participant, for example row 96 in the extract shown in Appendix 9) but sometimes a code stretched across rows (for example, rows 108-114 in Appendix 9). I was aware of balancing the number and level of my codes, capturing the nuances of the data whilst also working at a conceptual level to avoid data-overwhelm. I aimed to write analytic codes, which interpreted rather than labelled instances of phenomena (Willig, 2008). I became more skilful as I progressed, concentrating on identifying key points and allowing concepts to emerge (Allan, 2003).

When coding my first interviews, I faced the 'anxiety, ambiguity and uncertainty' (McLeod, 1999) of the qualitative research process. I grounded myself by applying my analytic method conscientiously and rigorously, whilst also allowing creativity and flexibility in my approach according to my data. Given the nature of my research question, I found that in some cases it was necessary to contextualise my codes so that I understood the action they described/analysed in the process of using genograms with clients. For example, the introduction of a genogram was emerging as an important process with many variables surrounding it. So as to not lose the specificity of this, I started each relevant code with 'introducing a genogram' and then added the individual analysis so I knew how to locate it when collating my codes into categories.

I also noticed that it was important to indicate the agents at play in my data. This meant I contextualised my gerund with who was doing the action, for example ‘therapist asking reflexive questions’. This felt important to specify given my focus on how the therapist uses genograms in the therapeutic process. With my research topic as my sensitising concept, I used the patterns I could see emerging to shape greater nuance in my constructions.

Overall, I think that adopting gerunds during my coding helped nudge me out of noticing static topics and into enacted processes. This meant that I started defining and conceptualising relationships between experiences and events, which enhanced my theory building as I shall outline in more detail in my Findings.

#### Constant comparative analysis and memo writing

Conducting my coding after each interview was invaluable for highlighting leads and gaps in my data which I followed up in subsequent interviews. Therefore, my data collection was informed by my emerging analysis on an-going basis.

I saw coding as a cyclical act where the data was re-visited and re-interrogated for further analysis of the salient features of content and meaning. Within each interview, I compared data with data and data with codes to find similarities and differences, looking at the nuances of phrasing and words. Particularly in the early stages, I also compared my codes across each interview as I went along to assess comparability and transferability. I found that this helped me reflect on the processes at work in more detail and so raised more ideas and queries to consider.

A key part of my thinking process was writing memos whenever I interacted with my data or did something on my research. I have mentioned above my ‘Research memos’ (Appendix 10), which acted as my research diary and ‘early memos’ (Charmaz, 2006). It was here that I detailed my feelings and thoughts about all aspects of the process, capturing personal

reflections and more analytic comparisons, connections and directions to pursue. I used them to deliberate the nature and content of any tentative categories emerging in my data and consider my part in the construction of key concepts (for example, my entry on Monday 30<sup>th</sup> May 2011 in Appendix 10).

They were spontaneous, informal and private and thus formed an essential part of my reflexive method as they prompted me to engage actively with my data and the on-going development of my research. In what I often experienced as quite an isolated process, they also became my close friend, confidante and non-judgemental co-researcher, where I could be myself, divulge some of my emotional reactions and brainstorm ideas. Thus as a comprehensive record of each phase of my research, they make my analysis more explicit and transparent.

#### Theoretical sampling and theoretical saturation

Theoretical sampling involves seeking pertinent data to develop an emerging grounded theory, with the aim of sampling to elaborate and refine categories until no new properties are found (Charmaz, 2006). Whilst the earlier stages of grounded theory are more intuitive and open as initial data is gathered, sampling becomes more systematic and purposeful to allow further development of the emerging theory. Theoretical sampling is inductive because ideas and new directions emerge from the data and deductive because they are then checked through further data collection (Thomas, 2003). It is therefore an abductive method (Charmaz, 2006).

Through the process of memo writing and constant comparative analysis, I was consistently reflecting on and noticing gaps and leads in my data. I made a note of these and then followed them up at my next interview. So as I progressed, my interviews became more and more focussed as I gathered specific data to explicate my ideas about my categories. For example, one of the topics which came out of my earlier interviews was around the impact of

a genogram on therapeutic change. I became very interested in how genograms could help or hinder this, what exactly therapeutic change meant and how the therapist can also influence this process. By following it up, this emerged as an important consequence of using a genogram and became one of my core sub-categories.

However, I also found that “rich data can spark multiple directions of inquiry” (Charmaz, 2006; p.99) as many different paths opened up to me. As my sample prescribed that my participants were systemically trained, I noticed that I was becoming more interested in details about working systemically with clients. This included a more flexible approach where some therapists would invite other family members to certain sessions with their clients to discuss or resolve a certain issue, almost like implementing a ‘live’ genogram. Whilst this greatly interested me, I realised that it took me away from my research focus on one-to-one therapy.

Therefore, I acted on my theoretical and substantive interests by re-directing my inquiries towards one-to-one work. This initiated my wish to find a negative case analysis to test my categories with a therapist who was non-systemically trained. I reached theoretical saturation at this point because the data from this final interview did not spark any new insights or reveal any new properties of my categories.

### Developing my categories

As I went along, I had been printing my focussed codes from each interview and mapping them into tentative categories for that specific participant. I compared categories across different interviews, provoking insights within further memo writing which directed my theoretical sampling.

After I had completed eight of my interviews, I put all my focussed codes (using one colour per participant so I could identify their codes) onto a large sheet of blank paper on my kitchen wall. In some cases, I returned to my transcripts to revise certain codes which needed clarifying and compared codes with codes in similar categories and codes with data. At times I felt quite over-whelmed with data, something that I recognised partly as a parallel process because many of my participants spoke about how genograms can be over-whelming sometimes.

In order to illustrate this process of development, Appendix 11 shows examples of my tentative category groupings for two individual participants and then a section of my overall map (it was too big to show a photo of it all).

In order to re-focus, I asked myself again “what is this data a study of?” (Glaser, 1978; p.57). I held in mind my research questions and put aside codes which were not relevant. I then spent a few months working with my codes, moving them around as I refined my categories and sub-categories. I aimed to look for the underlying and unstated assumptions embedded in my categories. This helped me think analytically and thus raise my codes to conceptual categories.

This process was given momentum as I presented my research in a workshop at a holistic therapy centre where I had previously worked as a trainee for four years. I had set this up in order to gain feedback about my categories and reflect on the practical application of my findings with others therapists. The eight participants enjoyed a lively discussion about genograms and systemic issues and intuitively understood my categories, so I took this as a successful test of their validity. I was then ready to seek my negative case analysis as described above. I added the codes from this last interview onto my large map, but they did not change my categories so I knew I had reached theoretical saturation.

## Final thoughts

As I look back on the process of analysing my data using grounded theory, I was aware of the tension between letting the data emerge whilst also considering how they fit into categories as I went along. At times this felt contradictory, so I had to balance reflecting on potential categories whilst staying open to new insights. It was nearer the end when I was working with all my codes that I was really able to bring these together. This was an exercise in moving from the specific and detailed to the general and abstract, as I had to use the data to think conceptually about my categories and then reach down to tie my ideas into the data. By linking my categories and investigating connections between concepts (Allan, 2003), I started developing my theory, which I shall discuss further in my Findings.

## **2.4 Addressing issues of quality**

Evaluation criteria need to be compatible with the epistemological framework of the research that is being evaluated (Willig, 2008). As described above, a qualitative research methodology presupposes an interpretative approach by the researcher due to their active engagement with the data. Therefore, objectivity, reliability or generalisability are not meaningful criteria for judging qualitative research. Out of a number of authors who have proposed criteria for qualitative research (for example, Henwood & Pidgeon, 1992; Yardly, 2000), I have chosen Lincoln & Guba's (1985) 'criteria of trustworthiness' to assess the methodological and analytic soundness of my qualitative study:

Credibility (internal validity) - this concerns demonstrating that I have investigated the true nature of the phenomenon that I claim to have researched. I have shown credibility by utilising the constant comparative method of grounded theory, which allowed me to test the hypotheses gained from one part of the data on another by constant checking and comparison across different participants. I applied this approach throughout my analysis, making sure that I compared data with codes and codes with codes for all my interviews,

thus building a picture of what themes were emerging and ensuring consistency in my coding.

Transferability (external validity) - this concerns the ability to generalise findings across different settings. Lyons & Coyle (2007) suggest that triangulation helps to confirm and improve the clarity and precision of a research project. So I asked for feedback from two groups of people to ensure best practice. Firstly, I used respondent triangulation, so I sent the transcript (including my initial and focussed coding) for their particular interview and a copy of my overall draft findings to all my participants. From my nine participants, I received responses from five, all of whom confirmed that the transcript was an accurate depiction of our interview and provided some comments about my findings. I particularly found these helpful to reflect on when formulating my ideas for my Discussion.

I also employed two 'critical research friends' to 'spot check' my initial and focussed coding as a measure of inter-rater reliability. These critical friends were colleagues from Metanoia who were also conducting qualitative research at the same time, therefore they had an understanding of the type of analysis involved; indeed, one of them was utilising a full, social constructivist version of grounded theory within her project. I received particularly detailed comments back from one of my critical research friends, which I found very helpful to consider about as I progressed in my analysis. It also prompted me to re-code some parts of the transcript which I had sent him. I have included my reflections on his responses in Appendix 12.

Dependability (reliability) - this concerns the extent to which there is an identifiable audit of the research process. Adhering to Lincoln & Guba's (1985) notion of 'inquiry audit', I have demonstrated transparency through my reflexivity and completion of my research journal which has tracked my thinking, decisions and experience in the research journey. Appendix 10 shows an extract from my Research memos and I have also outlined in detail the stages I went through to move from my transcript and two levels of coding through to the conceptual



thinking of my final categories within this Research Design and Methodology section and my Findings section below.

Confirmability (objectivity) - this also involves producing an audit trail of the research process, which I have done through reflexivity, my research journal and the transparency of my methodology. Therefore, my part in the co-construction of the data and its analysis is explicit and understandable.

In order to demonstrate the trustworthiness of my findings in this qualitative research project, one of the main methodological issues I have faced is making my interpretations understood and validated so it is clear what positions I have adopted and shown reflection on my own involvement. I knew this would be particularly important when using Charmaz's (2006) social constructivist version of grounded theory where I have co-constructed my data through my interaction with it. By being clear and detailed about the processes and methods that I employed throughout all stages of my research and throughout this Research Design and Methodology section, I anticipate that I have met this objective and therefore aptly demonstrated the quality of my research project.

## **2.5 Ethical considerations**

Referring to the British Psychological Society's (2009) Code of Ethics and Conduct as my framework, I have considered ethical issues comprehensively from the design through to the writing up stages of my research process. My main concerns have focussed on my co-researchers participation in the process and their discussion of material that could be personal and/or pertain to their clients. My intention was to be transparent with all my participants about the key principles I would adhere to, their rights in the process and my intentions for the use and analysis of their transcriptions.

I addressed ethical issues within my Participant Information Sheet (Appendix 5) which I sent them prior to and then discussed within them at the beginning of our interview. This ensured

that they were fully informed about the purpose of the study, what participation involved, their right to withdraw at any time, the recording of the interview, that thoughts and feelings may arise from participation, confidentiality and anonymity issues and data storage. I found that nobody raised any significant queries about these matters and thus indicated their agreement and understanding by signing my consent form (Appendix 6).

Regarding my main concerns, my research did involve participants talking about relevant examples of their work with their clients and, at times, their clients' families. Therefore, I specifically asked them not to mention any names (or at least to use a pseudonym if necessary) and only to reveal as much information about the client and their therapeutic work as required. Sometimes the therapists were keen to show me their client's genograms, but I only looked at ones which contained no identifiable details.

I was aware that discussing certain material during our interview may cause my participants discomfort. Whilst the subject area is not directly distressing, I knew that difficult or painful emotions or issues could be raised when discussing client work or their own genogram, personal history or experiences. This was reiterated for me when I realised the potentially personal, emotional and revealing nature of genograms during the course of my interviews. Therefore, I confirmed that my participants had personal/professional support that they could access if they needed to. I encouraged reflection on how our discussion may impact their ongoing work with clients, leaving it open for them to contact me again with any comments/feedback following our session.

## **2.6 Closing remarks**

In this second section of my thesis, my aim has been to explain clearly and succinctly how I approached the practical aspects of conducting my research. As well as outlining my methodology and addressing issues of quality and ethics, I wanted to convey a sense of my

involvement within these co-constructed processes. It follows naturally that I shall now detail a summarised version of what emerged from my data as my Findings.

### **3 Findings: Explaining key processes and outcomes using genograms**

#### **3.1 Overview of this section**

Through the analysis of my data, I developed my focussed codes into three core categories. I used these as the basis from which to construct a theory that explains how therapists use genograms in their one-to-one work with adults.

In this section, I shall outline how I approached the development of my grounded 'theory' before offering some reflections on my experience researching this topic. I shall then provide a summarised statement of my overall findings before outlining each of my three categories and their inter-relationships in more detail.

#### **3.2 Developing my grounded theory**

One of my intentions for using grounded theory was to develop an explanatory framework which provides a coherent response to my research question. I was aware that there is much debate about what constitutes a 'theory' in grounded theory (Charmaz, 2000). So I took my position from a constructionist point of view, where theorising is defined as an interpretative practice where I as the researcher construct abstract understandings about my topic area. Therefore, I see it as a practice within and an outcome of the research process, where I acknowledge that this is my way of viewing my data.

As a practice, I was theorising by working actively with my categories: being curious, making comparisons, seeing possibilities and establishing connections. Every time I look at my data, even now, I find a slightly different perspective. So I agree with Glaser and Strauss (1967; p.40), who state that "when generation of theory is the aim....one is constantly alert to emergent perspectives". I know that it will continue to change as I interact with my data to write up my findings, until it gradually settles into a more practised narrative.

In this way, my theory aims to convince readers that certain conclusions flow from a set of premises (Markovsky, 2004). As I have researched therapists' use of a tool within the therapeutic process, I see my grounded theory as offering a theoretical explication of a basic social process as consistent with early texts (Glaser & Strauss, 1967), but with a interpretivist philosophy.

As an example, I draw upon Biernacki (1986), whose theory demonstrates the phases in the process of moving out of heroin addiction and treats them as conceptual categories. I specifically chose to use gerunds (actions) in my coding to help me focus on processes, so that I notice sequences and make connections. This helped me explicate the main factors at play and define the relationships between them clearly within my theory.

### **3.3 Reflecting on the research process**

My process of data collection and analysis has involved many mixed emotions, ranging from excitement, intrigue and confidence to uncertainty and confusion as I spiralled in and out of unknowing and groundedness, all of which I have documented in my Research memos. There are four particular reflections which are relevant to how I constructed my data based on my counter-transference reactions that I would like to mention in the context of my findings.

#### **3.3.1 Working with my participants**

I was not sure if I would find enough therapists who fitted my sample criteria and were willing to participate. However, I was pleasantly surprised with the responses to my adverts and found that many people were keen to talk about using genograms. They said that they find them helpful in their work, but do not have other forums where they can discuss how they use them in one-to-one work. Indeed, some therapists were quite evangelical about

genograms and working systemically. Bearing in mind that I am intrigued by these topic areas (hence the reason for conducting my research), I noticed that I could get quite caught up in their enthusiasm.

So I reminded myself to remain constructively critical of what I was hearing. This enabled me to pick up on and tease out different emotions and perspectives in the process, thus leading to a more rounded view of using genograms. In a way, I think my analysis was enhanced by the fact that I had not used genograms as a therapist myself at that point; so I was approaching the interviews from a naive point of view. I was aware of an interesting power differential where they had certain knowledge, but I had the ability to accept or question this.

### **3.3.2 My physiological ‘tingling’**

From my very first interview, I noticed that my legs and the back of my neck tingled when my participants spoke about certain things which had been ‘revealed’ for their client in a genogram. This normally related to a family secret which was spoken about for the first time in years, or noticing something that the client felt they had ‘known’ but only just voiced. It was like I was having a strong physiological reaction to something which was previously unconscious, becoming conscious. I wrote in my Research memos on 27<sup>th</sup> May 2011:

*“What is being uncovered is something about an “unconscious level of meaning & experience” – is that what gives me goose pimples? Something happens – something shifts – something unspoken is made conscious – that is meaningful because something is unblocked in the system – it helps the client put something into place – it goes beyond the verbal to another way of relating? Is this part of the usefulness of genogram? It helps people access another level/form? Access some unthought knows, bodily truths?”.*

Having noticed my bodily reactions in this way, I was curious about what was happening. So I asked the therapist's about their own experiences and that of their clients at key moments like this. This was important as it led me to explore what can be evoked between the therapist and client when using a genogram (*"it's very much about bringing people in the room....these people actually come to life, it is very powerful"*, Therapist E) and how therapists follow their own counter-transference to direct their sense of what is hidden or unsaid in a genogram. For example, Therapist G remarked:

*"there were certain things going on which I was aware of, she never told me how dad died, but something said to me, you know he committed suicide, just leave it".*

So gathering this information enabled me to fine-tune certain parts of my analysis and I made 'facilitating revelations' a key element of one of my sub-categories.

### **3.3.3 Focusing on knowing**

As I was mid-way through my interviews, I noticed that I was becoming very focussed on 'knowing' how my participants use genograms. It felt like I had become insistent on the pursuit of knowledge rather than also being aware of the process between myself and my participant. I realised that my experience reflected what my participants were saying about how they might use a genogram as an information gathering tool which can sometimes lead to a focus on cognitive insight. Therapist F said:

*"some people just find it terribly useful, to use their thoughts about to what has happened as to what's influencing their present situation".*

I wrote in my Research memos:

*"Quite difficult to get sense of emotional change from genograms – is it because somehow there is a focus on 'knowing' or 'finding out' – insight producing change*

*rather than emotional release? – one therapist has said change is about cognition & behaviour change”.*

This prompted me to find out more about the relationship between cognitive and emotional change, which added more detail and nuance into my sub-category about how using a genogram enables therapeutic change.

### **3.3.4 Feelings of being over-whelmed**

Feelings of being over-whelmed emerged as something which both the therapist (*“in some respects doing the genogram has opened up this can of worms and it just lays there”*, Therapist A) and client (*“it is intense and can be over-whelming”*, Therapist B) can feel when using a genogram. Therefore, I noticed a possible parallel process when I started feeling over-whelmed when I was working to form my focussed codes into categories. Whilst I was aware that I was engaging in a previously unknown process of qualitative research, I pondered about whether my feelings were connected to the subject matter. It made me think about what is evoked when wider contextual variables are brought into therapy and the importance of the therapist holding the process. This helped me understand the significance of the therapist’s approach, which influenced my choice to include this as a category in its own right.

### **3.4 Overview of my findings**

Integrating the themes which emerge from my main categories provides me with an overall story about how my participants use genograms in one-to-one therapy with individual clients. It is apparent that therapists use genograms as a dynamic, flexible and useful tool which forms part of their overall therapeutic toolkit of techniques and approaches. Genograms are used in various ways in different circumstances, although they are most commonly used to



aid information gathering and engagement in initial sessions and to deepen the personal exploration at a later stage. They become part of the on-going work, having the ability to generate insights and understanding about the client and their systemic context which can facilitate therapeutic change as well as have a powerful emotional impact on the therapist, client and their co-created relationship. The impact and outcome of using a genogram with a client is closely related to the therapist's approach and specific enablers that contain the process and inform the evolving work.

I have detailed my three main categories and their sub-categories in Table 2 below. I have also included a pictorial representation in Figure 4 on p.65.

**Table 2:** Table of my categories

Category	Sub-category	Secondary sub-category
Integrating genograms into therapeutic work	Initiating factors	Motives
		Timing
		Consideration of the relationship
	Negotiating use	
	Exploring and discovering	
	Assimilating into the on-going work and relationship	
Creating impact and change	Facilitating insight and understanding	
	Impacting the process and relationship	
	Shaping the on-going work	
	Enabling therapeutic change	
Therapist actions and enablers	Being flexible, congruent and responsive	
	Being client-led, open and curious	
	Working in the relationship	
	Considering the treatment direction	

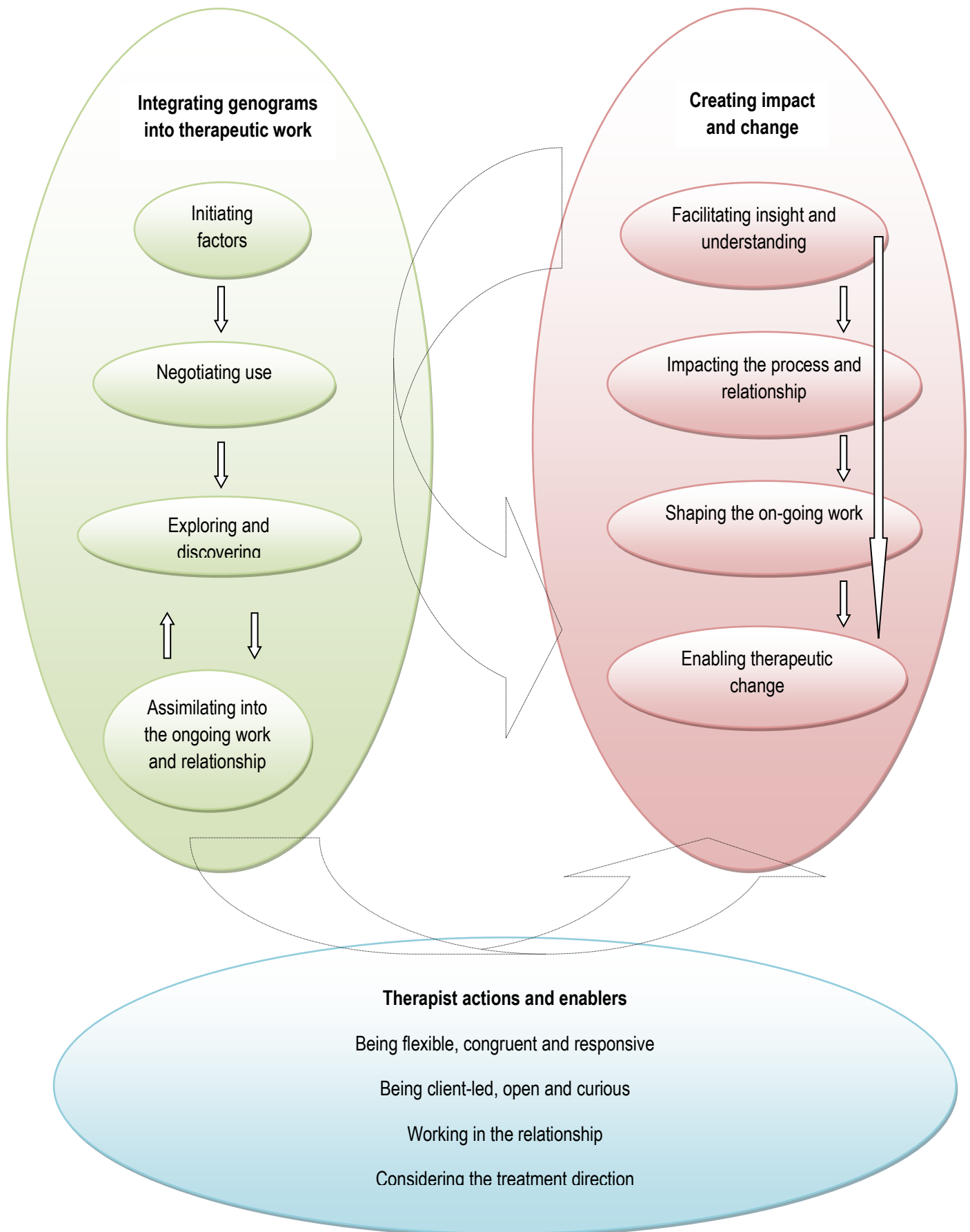
Whilst each category is conceptually distinct and offers an understanding of factors involved, they are closely inter-related and mutually influencing. I think it is important to represent this fluidity and inter-play in order to show the dynamics involved in the process of using genograms.

These categories are more specific reiterations of major processes which I saw emerging from my first interviews onwards. These were broadly: what is being done with a genogram and what happens as a result. As I continued, I paid more attention to the cause and effects of the parties involved, being the therapist, genogram, client and co-created process. This led to my third category which specifies the influence of therapist's approach and transactions.

In summary, the use and effect of a genogram is influenced by what the therapist does. Therefore, Table 2 and Figure 4 show that 'Integrating genograms' and 'Creating change and impact' are connected and are both influenced by 'Therapist actions and enablers'.

In the sections below, I shall present each category in turn, outlining their dimensions and the relationship between them. In this way, I have focused on detailing each category and sub-category. However, in order to provide sufficient background to my Findings, I found it necessary to further explicate the first sub-category 'Initiating Factors' into its three secondary sub-categories 'Motives', 'Timing' and 'Consideration of the relationship', as shown in Table 2. An example of my codes and different levels of sub-categories is included in Appendix 13, from which it is possible to see how I worked from the level of codes into my categories to then develop my theory.

**Figure 4:** Pictorial representation of my categories



### 3.5 Integrating genograms into therapeutic work

This category more specifically answers the 'how' of how therapists use genograms in their one-to-one work with clients. It conceptualises how genograms become integrated into the on-going therapeutic work and relationship and is divided into four sub-categories.

#### 3.5.1 Initiating factors

The first step in using a genogram is introducing it into the therapeutic relationship. There are three main initiating factors which influence this, that are inter-linked. These are the motives for suggesting its introduction, the timing of this and the consideration of the therapeutic relationship. I shall deal with these in turn below.

##### Motives

Therapists use genograms because they are seen as a flexible and additional tool which assists the work and their understanding of the relational context of the client. Therapist I says *"it's just such a rich tool"*, as it adds an extra dimension to therapeutic work, because a *"genogram brings in the wider context into the room like no other tool"* (Therapist D). It is seen as a working document that is evolving and dynamic. The systemically trained therapists I interviewed said they viewed using genograms as being core to a systemic approach because of the contextual perspective they allow. Indeed, Therapist E even goes so far as saying *"you won't find anyone who is systemically trained who doesn't use a genogram or finds it useful"*.

More specifically, therapists introduce genograms to facilitate engagement and exploration. There is a sense that *"talking isn't always the best thing for people"* (Therapist G) and that visually exploring an issue can help clients engage and talk about themselves. Often,

genograms provide a useful way of obtaining information about a client as part of a one-off or on-going assessment process. Key motivating factors are the speed and amount of information that can be gained, *“it’s a very quick way of getting a sense of who they are”* (Therapist I), which is used to clarify and understand the client’s personal context and history. Therapist E comments:

*“the genogram again helps identify patterns, it identifies lots, you can get from within a genogram information which if you were to be writing on a piece of paper would take about 2 or 3 A4 pages whereas with a genogram you’re spending a lot of time saying well tell me more about him”.*

A genogram may also be introduced depending on what is emerging in the course of therapy, such as when the client starts talking about family issues and relational patterns or focuses discussions on a particular area. Most therapists talked about following their intuition, for example introducing a genogram when they sense something unconscious is being re-evoked or *“there’s a need for something to settle”* (Therapist H). This can be in relation to a specific counter-transference reaction where perhaps they feel stuck and wish to look at the work from a different perspective: *“I want to put a different lens in and look at things differently”* (Therapist I). Therapist C says:

*“if it feels as though that’s an issue in which the client is stuck or is the kind of real, ur, crux of the problem to get the genogram out and visualise it is very helpful and I think it’s helpful in getting people to um, see themselves as part of a wider family”.*

Therapists change their use of the genogram according to the client and the clinical circumstances. Whilst most use genograms *‘widely and consistently’*, Therapist C insinuated they were helpful but not always essential. She comments that:

*“I think just, through, in a couple of sessions just working on that pattern over time um, through using a genogram, was useful, but I guess I could have done it without using that”.*

However, therapists adapt their use according to variables such as the task, goal and length of the work, which I shall discuss further in 'Therapist actions and enablers'.

### Timing

There are correlations between the timing of suggesting a genogram and the motives for its use. Some therapists collate a genogram early in the work as a natural part of the initial conversations. This might be within the first few sessions as a way of finding out about the client and the context of their presenting issue. Therapist H remarks:

*"it just seems to be a way of working and getting things going so quite often very early in the work I do a genogram and say look, you know, it's really helpful for me to know who's in your family and who you're going to be talking about, let's draw it out."*

Therefore, this initial genogram might be quite a brief in order to gather information, which is primarily to aid the therapist's understanding. Indeed, the clinical psychologist I interviewed said that she introduces a genogram in the first session as it forms the backbone of her assessment.

However, many therapists said that they use a genogram to engage the client or as a result of what is being talked about in initial sessions. For example, Therapist A introduced one when she noticed her client's story was very complicated. She says *"it's a safe way of looking at who's in the family, who's not in the family, who's significant"*. It is a way of focussing discussions and helping both the client and therapist understand more about what is emerging.

It may also be as a result of the therapist's intuition about something they are sensing in the client's narrative; Therapist A continues:

*“when I feel that there's something um, something complicated about family that I'm not picking up from just the dialogue, that there's either stuff that's kind of... hidden or, or somebody's defensive about, there's something, somebody that feels significant that's not brought into the room um, and who's this kind of unspoken presence or an event in the past”.*

In this way, it is possible to open up and see a different level of meaning in the work. The clinical psychologist I interviewed also said that using a genogram can help open out the dynamics underneath her client's presenting problem, so that she can make more focussed interventions.

Other therapists use genograms later in the work as they allow a deeper level of exploration and greater clarity when the 'groundwork' has been done in the therapeutic relationship and process. Therapist D talked passionately about how doing a genogram after a number of months can be more profound as the client is ready to deepen their process. Her view is that doing a genogram early on, particularly as a purely information gathering exercise, wastes the opportunity to gain greater insight later on. She says:

*“I suppose, to me, a genogram early on, this is interesting because I haven't thought about it, but a genogram early on can be a really, really intimate thing....but later, it can be really deep and can be profound .....[as] we can go into layers that were really unexpected and really quite painful things for people to own about themselves and own about their partners and the implications for their children”.*

Some said that they might do a genogram early on for the reasons given above and then return to it depending on what was emerging in the therapy. For example, Therapist G said she used a genogram in the first instance to assess the safety of a young and vulnerable client who was self-harming. She returned to it later as a way of unpacking relational patterns in the client's family so that she can gain a greater understanding of the context of her behaviour.

These examples illustrate that therapists are aware of thinking carefully about the timing and appropriateness of using a genogram. Therapist F says, “*you’ve got to choose it at the right moment*” and Therapist H also remarks “*you do have to be careful about the context of using a genogram*”. How the therapist approaches the timing and introduction is connected with the impact that the genogram has, which I shall tease out later when discussing my other two categories. But the timing and motives are also related to the therapist’s consideration of the relationship.

### Consideration of the relationship

Therapists generally do not suggest a genogram if there are obvious contraventions, such as the client being in crisis or needing to unload heavily as they start therapy. Therapist B says:

*“if people are in a state of crisis, then it wouldn’t be realistic, but somewhere down the line when the crisis is over, you’ll start on that work because it will help us understand why the crisis arose in the first place”.*

It is interesting that some therapists stated that they may not use a genogram if the client is quite unengaged, unmotivated or perhaps has a schizoid presentation, for fear of it being too intrusive or exposing. Therapist F remarks:

*“if it was somebody who I was finding it not very easy to make a relationship with, I might, I would probably, I might be much more tentative about it.”*

Indeed, others said that they may suggest one to help build the therapeutic relationship with clients who may be, for example, particularly visually orientated, or as way of making the relationship less intense for a shy or avoidant client. Therapist D talked about how asking an artist client with anorexia to paint her family enabled her to be seen and express her feelings in their relationship. Personally, I can see how both would be suitable at different times depending on the therapist’s judgement of their client.



However, all therapists say that some level of working alliance and trust is required before introducing a genogram. Therapist F says:

*“if you introduce a genogram the first time, you might not have engaged properly um, you know, you might not be able to get going with it”.*

Therapist I said that it is important to feel that the relationship is established if she is naming connections or patterns that she notices in the genogram, as she is not sure how the client will react. Therapist D said having a secure base (Bowlby, 1979) is crucial in order to hold what may emerge in the process of exploration using a genogram later in therapy, particularly if painful issues are being raised. She comments: *“then it brings it into a deeper level but we’re still able to, able to hold whatever comes up”*. She cites the example of a genogram enabling some particularly deep and rich work with a client, which was only possible after the client had built a sufficiently robust sense of self through the initial stages of therapy.

### **3.5.2 Negotiating use**

Whilst it is the therapist who suggests the introduction of a genogram based on the ‘Initiating factors’ outlined above, the client’s response and any resulting discussion will determine its use. All my participants reported that the majority of their clients do not raise objections and are happy to see what outcome and benefits can be obtained. Therapist F says *“they’re always very pleased”* and Therapist H adds that *“I’ve never known anyone not do it or say I’m not going to do a genogram, you know, they’re always like, oh alright then”*. In fact, many clients become really interested in discovering more about themselves and their ancestry. It can often instigate quite personal and emotional journeys where the client goes away to find out more information from family members. Therapist H continues:

*“they've come back and they've drawn their family..... and they say, well I'd quite like to do you know or they might write poems..... because it's kind of triggered stuff off”.*

The client's reaction may in some part be attributed to how the therapist has conveyed their reasons for introducing a genogram and the timing of it. For example, therapists reported that clients have not agreed to its use if they are in obvious distress or do not understand its intended purpose. Therapist F says:

*“I've had people who are less interested, um, and I think that's usually when there's such an over-whelming sort of, well, that's usually when people are so desperately distressed that they can only think of what's happening for them now”.*

However, in the most part it is rare that a client does not choose to go ahead with a genogram. How the therapist then reacts to the client's on-going responses is important in the genogram's outcome and impact, so I shall pick up these points in more detail in 'Therapist actions and enablers'.

### **3.5.3 Exploring and discovering**

Unless the genogram is being used as a formulation tool at the beginning of therapy, all my participants collate the information collaboratively with their clients over a number of sessions. Genograms are used in a variety of ways to build up a picture of the client in their context, including historical and/or current family, kinship and/or social groups.

The visual nature of genograms allows the mapping of relational patterns and emotional connections across generations and within families. It is possible to see patterns of illness and plot family themes. For example, Therapist A says:

*“we used the genogram to start to plot who had what kind of addiction, how long ago and what affect that it had on the family, um, were they still in the family, were they out of the family, so quite complicated issues”.*

The aim is to find out who is significant for the client in their family and perhaps also the wider social context.

This can highlight information about the client's presenting issue. For example, recognising a history of depression through the female line in her family, Therapist E's client remarks *“wow, I didn't know all that!”*. Or another of Therapist E's clients became aware for the first time that he comes from a family of violent alcoholic men. Therapist E says:

*“he said he was vaguely aware of it, but having it on paper as a genogram really helped him to make a connection and identify the unconscious scripts that were informing his behaviour”.*

I shall discuss how gaining insight leads to greater understanding for the client later in 'Creating change and impact'.

The genogram allows more detailed exploration of family stories, myths, roles and secrets. For example, this might be looking at sibling or parental roles within current families or across the generations, as well as focussing on personal roles for the client. Talking about one of her clients, Therapist D says:

*“but also what came out of this was another really painful issue of not belonging, to the unit, and her being the sacrificial freak of the family and carrying a role within the family”.*

It is possible to chart how a personal role is changing and therefore impacting on a client's identity. Therapist C was doing a genogram with one of her palliative care clients about her grand-children, which highlighted her upset at not being able to be the same grand-mother to her grand-daughter of six months as she had been to an older one of twelve years. In this

way, she could discuss her feelings about her changing identity in her family based on her terminal illness. Therapist C recalls:

*“she was upset that she wasn’t able to be the same grand-mother to that child as to the older one so that was a loss, but we were able to do the work to think about ways that she could still be involved, um, although she’d be sitting down um, the little girl would still be connected to her”.*

Often the genogram brings to light secrets or hidden information which has not been voiced for some time, or perhaps ever. This might be directly related to the client, such as revealing childhood sexual abuse or an abortion. Therapist A gives an example:

*“when [she] came to see me individually the first thing I did was to go back and look at the genogram that we had and actually start to talk about the um, some of the people, some of the people that had never really been brought into the room. She had never talked about her grand-parents, and what transpired was that her grand-father had sexually abused her and this was a family secret and that she’d never told the girls.”*

Or it might be connected to the family as a whole, such as Therapist D and one of her clients tracing three generations in an Irish Catholic family where the first child was a pregnancy before marriage. In this case, it was poignant for the client to notice that she had repeated this pattern and to be able to discuss this openly with the therapist. Therapist D states:

*“when we started to talk about that, we were looking at what came out of it was, you’ll see here [she points to the client’s genogram], we could see that each three generations the first child was a pregnancy before marriage, and that her first pregnancy was out of marriage.”*

She continues:

*“we discussed the implications of coming here and telling me....everything really, how difficult that must be to break that, that myth”.*

Revealing information like this can bring up strong emotions, so how the therapist responds to help the client process these within the work is important.

The therapist and client can explore and capture information about the context, structure and history of the client's family. Therapist B talked enthusiastically about using genograms as a building block to learn about the whole family context and structure in addition to relational patterns. This includes family scripts, beliefs and narratives which have been handed down transgenerationally, as well as charting wide-ranging social and cultural influences such as trans-locations, wars, emigration, immigration, grand-parents who didn't speak the language, ruptures in the family, issues of sexuality and gender, religious adherences and divisions. Therapist B says:

*"[a genogram] is a building block to learning the whole rest of family context and structure"*

For her:

*"this opens a whole vast area of interest because what comes into the genogram is not nearly the family events, the family events in context, so trans-locations, wars, ruptures in the family, urr, grand-parents who didn't speak the same language, immigration, emigration....huge numbers of stuff".*

Therapist H comments that *"a lot of what you pick up informs what people carry at an unconscious level"*, so it is looking at many factors to understand *"how people got to be who they are"* (Therapist B). I think that this can raise issues of power and difference in the therapeutic relationship as therapists can be challenged about how different cultures view families, as Therapist A says:

*"sometimes you know significant people in lives are not mothers and fathers or even family members, depending on what your circumstance is and you know what I would say, my traditional white, you know, being fifty something woman, you know I look at*

*family and see mother, father, sister, but actually different cultures view family in a lot of different ways”.*

Genograms can also be used to highlight resources and support networks for clients. For example, working with a young woman who had been raped, Therapist G used a genogram to track who she could ask for support from in her family; this enabled them to build up her sense of safety and strength at the beginning of their work. In Therapist G’s own words:

*“so we looked at who was in the family, who she could get her support from, and at that point she couldn't go out the house without having mum go with her, even to the end of the road so we looked at all the family dynamics and after quite some while we thought, mmm, what's the difference between a victim and somebody who takes control?”*

Therapists tend to consider the meaning of what emerges in genograms, such as paying attention to the symbolic meaning of who gets excluded from the family map or what the themes are. They may voice what they notice, or allow the client to lead the explorations and therefore retain certain information until it might be relevant and appropriate to share it. As an example, Therapist E asks:

*“are there any power issues that are being highlighted, so that's what you begin to identify that from where you're coming from, what is privileged and what is marginalised, and the genogram can actually highlight all that where you can begin to say oh right, ok, have you noticed that certain things are being highlighted here”.*

Therefore, how the therapist chooses to work with what comes up influences how the genogram is subsequently used and the impact it has. I shall discuss this further in ‘Therapist actions and enablers’.

### 3.5.4 Assimilating genograms into the on-going work and relationship

Once introduced, the genogram becomes part of the on-going work and relationship, being updated and built upon over time; so, as Therapist G believes, *“you're constantly creating it with them”*. Most therapists keep it present in future sessions, so that it can be returned to if relevant. It may be left to one side if the focus has changed, for example, to something more immediate occurring in the client's life. Therapist F says:

*“I mean obviously there are times when the genogram is sort of left to one side and you um, you know if it's one person um, you know, I'm thinking about that particular person and the immediate relationships are where she is at the moment.”*

The therapist may refer to the genogram between sessions to refresh their memory, or within a session to understand who the client is talking about; Therapist B remarks *“if somebody says oh my father's been an absolute pain in the neck.... I'd be flicking and looking, thinking 'why is?' .... so it would give me a context”*. Many therapists said that they use genograms as their notes to store information about the client. For example, Therapist G states: *“it's my notes....well I would do, as a family therapist it's the only way I'd do it, as soon as you tell me a different family member, I'm writing it down”*.

The genogram may be re-visited later in the therapy in order to focus on a particular issue, re-focus the process, include information about someone new who is mentioned or in response to a new topic or theme emerging. The client may view it differently a year or so later, for example, so it can spark new directions for exploration. Therapist G comments:

*“sometimes if you re-visit something, say a year later, they'll see it very differently, or I may even get them to do it again, see if it's the same, well I mean certain things will be the same, but others things won't be, like the information they will have found, so we go from there..”*

It also allows tracking of behavioural changes during the work, as Therapist E sees a genogram as *“part of the care plan, where we're saying this is what we want to do, this is what we want to stop, what are the actions that need to be seen”*.

Therefore, clients are generally happy to return to it and therapists say that they tend to be client-led and process-led in this respect; as Therapist D illustrates: *“they're all very keen to go back to the genogram, they're not 'god, no I don't want that'”*.

Some interesting issues arise regarding the ownership of the genogram. Therapists leave it open for the client to take their genogram home, to remember the content of the session or if they wish to work on it. As an example, Therapist G recalls:

*“I had one client, she was doing her family tree and I said well, uh, how much do you know about your husband's? Oh it's a bit muddled, I know what, I'll go home, I'll add his and I'll bring it back”*.

It can act as a transitional object providing emotional containment between sessions, as it:

*“provides a kind of emotional link between sessions, or something transitional you know using that transitional object as it were in terms of it being an activity”* (Therapist H).

Conversely, a client choosing to leave their genogram may symbolise leaving their difficulties with the therapist, as Therapist H goes on to comment:

*“well quite often some will say oh no, I want to leave it here, you know, well, they want to leave all the mess don't they?.....and it's like, alright then, and they go off and feel some release”*.



### 3.6 Creating change and impact

Being integrated into the process of therapy, genograms can impact the therapist, client and their on-going work and relationship in a myriad of ways. This category conceptualises these fascinating and diverse effects within four sub-categories.

#### 3.6.1 Facilitating insight and understanding

The first relates to the outcomes of using genograms for ‘Exploring and discovering’ information about the client and their background. All my participants agree that genograms allow fast and effective insight which provides a context for understanding the client within their personal and family background. Remembering one client, Therapist E says:

*“so just doing a genogram with her, it suddenly helped her identify why she had this very strong reaction to people who abused drugs or people who were unreliable, she could now see the pattern easily.”*

This insight can bring a different perspective to an issue or condition. For example, Therapist F reflected on how helpful it was for a client to map what was happening in his family when he was diagnosed with schizophrenia, because it enabled him to see his condition as a symptom of many underlying relational conflicts, unresolved issues and tensions between members. Therapist F says:

*“the family tree was very, very, very useful in that because you could see when he was first diagnosed you could see all the things that were happening in the family”.*

This released the client from some of the personal stigma attached to the diagnosis, as Therapist F adds that *“it did really de-stigmatise it for him”* and allowed his family to understand why it might have arisen as *“they were going off to see the psychiatrist to try and do something different”*.

Tracking transgenerational patterns can assist understanding of the client's attachment style in the light of family history. For example, Therapist F gave a poignant example of going back in the history of a client with a tendency for enmeshed relationships. They traced a pattern of symbiotic relationships between mothers and daughters in her family back to her great-grandmother. In her own words, Therapist F says:

*"this one (getting out a genogram from a file on the table) was a very interesting one....they're a very emeshed family, but we went right back to her mother's mother who'd been left on the gates of a London orphanage".*

In this way, the client can become aware of how they may be repeating family patterns in their own relationships. For example, Therapist D worked with a woman whose husband was treating his first-born child more harshly than his other children. She understood the wider context of his behaviour when she noticed that both he and his father (as first-born children) had also been criticised more by their parents. Therapist D recalls:

*"one of the things she could see from her genogram was that her um, her husband..... was treated harshly and his dad was treated harshly and that he was treating his daughter harshly, you know giving this one preferential treatment. So she felt this was something that she really needed to do something about".*

Therefore, the insight gained can lead to choices about how to behave in the future, as I shall pick up in 'Enabling therapeutic change'.

There is a focus on gaining a wider understanding of what has contributed to the client's current way of being and internal working model (Bowlby, 1979). This might be in terms of unconscious scripts which are informing their behaviour, injunctions and self-beliefs they have introjected or self-regulatory mechanisms they developed in childhood. Discussing one client, Therapist D says:

*“we had learnt that there's two ways of dealing with difficult emotions, one is to control everything and the other is to keep it all in and have anxiety and panic attacks and fear of death.....so she was replicating that, but we'd already kind of learnt that was where that was coming from”.*

So it is possible to focus on the client's intrapsychic and interpersonal processes and contextualise them within their family's emotional and relational patterns. Therapist H remarked that noticing a family pattern means that she and her client can start to explore how it affects them on a personal level. She says:

*“well I think it just means that you can then start to think about it and talk about it in terms of how it then affects them internally in terms of their feelings about themselves, you know it might be to do with their own self-worth as a woman in this family or it could be the constellation around siblings”.*

Many therapists talked about the insight and understanding gained from a genogram as being a ‘revelation’. Therapist H comments:

*“you draw stuff and then suddenly all this stuff appears and it's fascinating isn't it..... it's like you said, you suddenly realise how affected you are by grand-parents and great-grand-parents”.*

About a particular client, Therapist I adds:

*“she did the genogram and actually so much information came out, just about her family and..... well, I don't know, I think she saw it differently”.*

Therefore, unexpected connections or unresolved issues are uncovered, which may not have been discovered so quickly if a genogram had not been used. There is a sense that genograms bring to light what is hidden or unspoken in the client's life or in their family, enabling the client to making conscious connections for previous ‘unthought knowns’ (Bollas, 1987) and revealing another layer of meaning and personal exploration. This highlights the

mysterious and potentially exposing nature of genograms voiced by all my participants. It was often when therapists were telling me these stories that I got the tingling feeling which I described earlier.

There is something specific about genograms which aids clarification and understanding for the therapist and client. For the client, the visual nature of genograms allows a greater recognition of issues. Therapist E adds:

*“just seeing the pattern there on paper.....people becoming conscious in terms of expanding their consciousness, their awareness, that process is what is therapeutic, when people begin to see the significant turning points in their lives”.*

A genogram can visually communicate a client's experience; for example the complexity of a young adult's genogram mirrored her internal world, so she used this to demonstrate how she was feeling to Therapist H and her mother. Genograms also help therapists to piece together the client's story and understand a different perspective. Therapist F says: *“it just puts a different angle”*, with Therapist G adding that:

*“I think visual information is very powerful.....because you see it, it slows your thinking down, it becomes very alive in front of you”.*

An interesting question is raised for me at this point about *“who's doing the understanding?”* (Therapist G) regarding the intention for any insight, which I shall pick up again below.

### **3.6.2 Impacting the process and relationship**

Using genograms fosters a client-centred, contained and holistic approach where the client feels actively engaged. This helps therapists show their interest in the client, relate to their world and values, and acknowledge they are being taken seriously and respected. *“It's a very joining exercise”* (Therapist F) which most therapists believe deepens the client's trust,

thus strengthening the working alliance and enhancing the therapeutic relationship over time. Therapist I says:

*"I think there is something about the um.....people sharing about their family, their experience, in a way that feels contained, cos I think there's something quite contained about using either a piece of paper.... that can, that can deepen the trust".*

However, some therapists recognise that genograms can be deflecting if they are used as a 'third' which distracts from relational meeting and difficult transference dynamics. Therapist E talked strongly about how *"genograms are for incompetent therapists"* if they are used inappropriately at times of uncertainty or confusion, or misdirect from the task of therapy. As an example, Therapist E continues by providing a satirical view where:

*"if you [a therapist] run out of things to do and you don't know what to do, do a genogram, by the time people have talked about people who are irrelevant.....they forget why they came to see you".*

My sense is that the reason for introduction can be difficult to gauge sometimes, so a successful outcome might depend on the therapist's genuine intention for use and how they subsequently manage this within the overall context of the work.

Seemingly, in most cases using a genogram can assist the reflective process of therapy, helping the client talk about themselves, prompting disclosure, precipitating exploration and communication and *"allowing creative and intimate interactions"* (Therapist H). Using a tool is seen as a safe and contained way of working which helps the client access strength and resources in their Adult ego state (Berne, 1961). Therapist B clarifies this by saying:

*"what I'm doing there is to help the person stay in their adult and understand why this man is doing what he's doing, and that they don't have to feel destroyed or infantilised, it'll be something around helping them to stay adult in their strength and resources".*

Therapists mentioned how genograms can “*develop a life of their own*” (Therapist E), allowing more energy and something fresh into the process. They bring the client’s family and history alive in the room, making it feel like other people are present with the therapist and client. This can aid the work as these family members can be referred to and dialogued with; for example, Therapist E says:

*“it’s very much about bringing people in the room, where you’re beginning to say, instead of just talking you’re saying, what do you think this aunt would say about what you’re going through?.....they begin to point and say yes, he would say that or yes she would say that, these people actually come to life, it is very powerful”.*

Discussion of what emerges from a genogram leads to the expression of emotion. Therapist G explains that “*it actually helps them to see, not just who’s there, but how they feel about it*”. So it facilitates emotional processing and understanding about different events and experiences. Seeing an issue in a wider context can help normalise the client’s feelings, but it can also lead to the client voicing difficult feelings such as shame, pride and fear about sensitive topics. In her own words, Therapist B comments:

*“I think it also highlights important emotional material because whilst this is going on [collating a genogram] they’re feeling and they’ll suddenly feel a pain that they haven’t felt for years.”*

Therapist F also says of her clients:

*“if they might be feeling anger or guilt then understanding it in a wider context helps with that even if those feelings might..... well yes of course you’ll always going to have those feelings but um.....you know it’s ok and they can forgive themselves.”*

Evoking strong emotional reactions in clients is perhaps related to the impact and meaning of sharing many people’s stories that are very personal to them. Sometimes this can be uncomfortable and even over-whelming, particularly if something emerges early in the

therapy when the client is unprepared. Therapist B talked about a client who did not return to therapy for nine months on the basis of what came out of the genogram in the first session. She said *“I thought I was taking a very, very light touch but it brought up pain and shame”*, thereby demonstrating that the therapist may not always realise the possible effect on a client. An elderly client of Therapist E attempted suicide having experienced over-whelming grief when he realised that he did not have many chances left to live the life he wanted. Therapist E states:

*“I worked with a chap who was in his 70s and we were doing the genogram and all that, he then tried to kill himself, it was one of the very few times when therapy has had a negative impact because he kept on saying why didn't someone offer me therapy all those years ago. He said now, he said now in my 70s I've lived in a rotten marriage for more than 50 years, I actually didn't know I had these choices, but now in my 70s what am I going to do? I can't go and start afresh, that was too much for him, the grief, the grieving was over-whelming for him so he went and tried to kill himself.”*

The therapist's ability to contain and process the feelings in these circumstances then influences how the therapy continues, which I shall return to in 'Therapist actions and enablers'.

Within the relationship, therapists use genograms to assess the client's level of awareness, their potential engagement and to highlight therapeutic issues. For example, noting the relational patterns in the client's family offers information about what attachment and/or transference issues may transpire between the therapist and client. Therapist C believes that:

*“a genogram is useful, um, in getting a sense straight away of their patterns, family patterns, um, current relationships, it gives you a sense really quickly of where your work might go with that person so they have lots of problems with attachment, you*

*might expect there might be a few cancellations or a few um, you know other things manifested in your relationship that are part of their existing relationships”.*

Using genograms can also help understand transference issues. For example, a messy and complex genogram may help the therapist understand why they feel confused about the client’s incoherent story. This realisation can be quite grounding for the therapist and client. As an example, Therapist H comments:

*“I tend to use them when the story is very incoherent and.....we’re completely overwhelmed by information and um, you know, stories and other people’s lives, they’re completely full of other people’s stuff and I tend to use them and say come on let’s think about, ok this is you, and then kind of map it out so, so, it’s kind of quite grounding I think.”*

I think there may be a fine line between gaining clarity about difficult transferences from a genogram and perhaps using it to avert uncomfortable transferences, as mentioned earlier, so I shall consider these issues further in my Discussion.

Before completing this sub-section, I want to highlight a common thread which ran throughout all my interviews, which was the impact of genograms in therapeutic work. Although *“it seems like such a basic tool”*, *“it has a really powerful effect”* (Therapist H). This is effect is mostly very useful, but it can also be intense, exposing and yield unexpected revelations as outlined previously: *“big surprises, absolutely fantastic!”* (Therapist G). There is something about the meaning of a genogram which impacts the therapist and client (*“it has gravitas about it”*, Therapist A) with its visual nature being particularly influential, as Therapist E says that:

*“seeing it again on paper gives it a different kind of potency, on the basis of the experience I’ve had with people, which they would never have done had it not been there for them to look at”.*



### 3.6.3 Shaping the on-going work

The outcomes from a genogram inform the on-going work and treatment direction. It is common that explorations may have changed the therapist's and client's view of the presenting issue. Therapist C's view is that referrals in the NHS are often made on the basis of a particular symptom, so a genogram helps to open out the reason for referral and obtain a sense of the underlying issues. She remarks:

*"I think referrers often refer to psychology because of a symptom, so anxiety or perhaps somebody's cried in their last meeting with a nurse or a doctor, so um, that's I think going on, not just focussing on that kind of referral question but opening it out with a genogram...helps me to get more of a sense of what's going on".*

But the genogram may also bring up new material to work on, which triggers new areas for exploration and changes the focus of the work. For example, Therapist H had a female client whose genogram revealed a story about how she was 'the wrong baby' as her parents had wanted a boy. So this precipitated further exploration into how she had unconsciously carved her identity around being more masculine. In her own words, Therapist H recalls:

*"you know I've got one woman at the moment, when we drew it out, a whole story came up about her being the wrong baby....and she started to cry and she said actually they wanted a boy.....you know, they wanted a boy and she'd spent her whole life being a boy".*

Sometimes the therapist and client naturally focus on one particular issue in a genogram. For example, Therapist I spoke about being drawn to explore an incident when her client's father left when she was eight years old. She felt unseen and unsupported, an experience which seemed to be repeating itself in a recent bereavement so they were able to shed light on her current distress and difficulties coping. She comments:

*“so we went back and looked at her family tree and we got focussed, I'm not sure exactly why, on when her father left when she was 8..... and we talked then about what it was like for her.... and I could almost see that her 8 year old was back with her now in terms of like the bank's not helping me, T-mobile aren't helping me, you know, nobody, you know, people should be looking after me but nobody is, nobody's recognising what's going on for me”.*

At other times, “*doing the genogram opened up this can of worms*” (Therapist A) by yielding too much information and leaving the therapist feeling over-whelmed and unsure about how to proceed. Therapist C believes that:

*“the tricky thing really is seeing what the focus on your intervention is going to be and....narrow down like that but, often a genogram does, you get such a lot of rich information that it can deflect from the presenting problem.”*

How the therapist uses a genogram within the overall context and direction of the work depends on their approach, so I shall pick this up again in ‘Therapist actions and enablers’.

Many therapists commented that using genograms enables quicker work as the information emerges rapidly, thus enabling insight and discoveries to be easily gained. Therapist I believes that “*a genogram can be something that speeds up the process quite quickly*” as it “*concentrates the information people need*” (Therapist E). For example, Therapist C said a genogram enabled her to do a short, focussed piece of work with a palliative care client because they were able to easily identify the key experiences which were influencing her fears around dying. She says that:

*“in a couple of sessions just working on that pattern over time um, through using a genogram, was useful....um, I was able to do a very short, focussed piece of work”.*

Some therapists thought that a systemic approach makes the work quicker, as there is a focus on the client's relational patterns and how they may be preventing personal change. In her own words, Therapist A reflects that:

*"I've probably found that working systemically working with individuals....is that it's a lot quicker, the work is a lot quicker...um, I think people are able to move if everybody is in the equation and they're thinking about not just themselves but actually you know, um, what the connectiveness is and where, how that maybe be holding, you know the relationships with others, how that actually holds them in a place and prevents them from, from moving as well their own issues and um, and kind of personal history".*

My view is that using a genogram promotes a systemic perspective, but is not compulsory for doing systemic work; however I shall return to this issue later in my Discussion.

### **3.6.4 Enabling therapeutic change**

I was interested in expanding a theme that quickly emerged from my data regarding how genograms can facilitate therapeutic change in a number of ways. All therapists talked about the value of re-framing the client's view of themselves by seeing their presenting issue, events and family relationships in a different context. This allows a shift in perspective which can be healing in itself, so *"when the facts change, I change my views"* (Therapist E). This can update the client's internal working model (Bowlby, 1979) and re-write their life script (Berne, 1961) as they *"can see it as a narrative rather than a given truth"* (Therapist I). For example, Therapist H's client was able to challenge the view of herself as 'the wrong baby' and develop a new core belief. Therapist E also confirms that *"what can be surfaced through insight, through the internal working model is about the re-writing of that model, the re-offering of one's life"*.

This change in view can precipitate the discussion of certain issues within families, encourage clients to experiment with alternative ways of communicating and facilitate family re-connections; for example, a client re-establishing contact with a family member in order to find out about gaps in their genogram. As Therapist B clarifies:

*“sometimes they say, I really need to find out about this, I'm going to phone my gran, or whatever, urr, contacts and re-connections can happen as a result of questions that we've looked at from a genogram.”*

Therapeutic work using a genogram can build strength, self-agency and empowerment in the client. Therapist A remarks that:

*“I'm asking them how they spell this name and who's this and how old they are and they're pointing over, there is real collaboration you know, I am no longer the person in charge, they're telling me and I think they probably feel quite empowered by that.”*

More specifically, Therapist E said he identifies people in the genogram who have acted as an anchor or secure base (Bowlby, 1979) for the client and then reinforces what they have internalised from them. Therapist E states:

*“doing a family tree, I might say things, so if he were here, and he was trying to help you, once we've identified the person who they see as being an important person, a secure base, if they were here and they were helping you to address that, how do you think they might do it then?”*

It can also be helpful for the client to notice stories of survival and resilience in their family, so they can start to recognise that strength in themselves. Therapist E goes on to say:

*“so there's something about identifying stories of survival, once we've identified that, we can then begin to say well, how can mine be more like that?”*

Exploring a different way of looking at things can be empowering and increase the client's sense of self. If clients can see *"how past history is being re-played in the current relationship, it's really helpful, if people can see that they feel much more empowered"* (Therapist B).

For example, Therapist's I's previously mentioned client remembered a forgotten part of herself when she delved into her childhood experience of her father leaving, thus allowing her to gain a sense of herself as a subject rather than an object. In her own words, she recalls:

*"having done that, the, she's done a bit more remembering about being a child and remembering that part of herself....thinking about who she is....um, more of a sense of being a subject rather than an object".*

Therapist I also believes that focussing on the meaning of the genogram to the client can itself be therapeutic as they experience a relationship where they are assertive and in control. She says:

*"I think that in itself is therapeutic, you know, somebody can feel that they're coming to a relationship which is about them, in which they have choice, in which people offer them things they don't necessarily have at their disposal but they are free to reject them if they wish".*

Indeed, gaining insight and awareness crucially offers the client choice. Therapist H said that genograms provide clients with a sense of their own history, thus giving them roots from which to make informed decisions. In her own words, she says:

*"I think a genogram gives people a sense of their own history within a context of family and socially and internationally you know whatever, and spiritually, it gives them all of that and then they can think actually these are the bits, this is my direction though, so it gives them a sense of agency...it gives them roots doesn't it?"*

Therapist I uses genograms as a tool for acknowledging who is influencing the client's situation, so it is then possible to ask the client who they would like to move away from or who they would like to feel closer to, so they can build new relationships and opportunities. She believes a genogram offers a:

*“way of actually acknowledging that all those people are there influencing the situation and it can be a tool for having some choice, well actually let's look at them, which ones are the ones which you'd like to move a bit off or to move further off the, towards the edge of the map or whatever it is you're doing”.*

This choice presents options for different ways of behaving and responding in the future. So the client's questioning of their knowledge base can facilitate behaviour change: *“what you do is unpacking some of the stuff and changing their behaviour”* (Therapist G). For example, Therapist H said that a genogram provided the platform for her client to choose a different life for her children compared with the instability of army life that she had experienced as a child. She confirms: *“that's part of what she saw [in the genogram] and decided she wanted something very different for her life and her family”.*

In addition, after she noticed the pattern of relating within his family, Therapist D's previously mentioned client had more information which allowed her to help her husband understand and modify his treatment of their eldest child as *“she felt this was something that she really needed to do something about, to help him change his responses”* (Therapist D).

Therefore, Therapist D believes it is about personal change within the client as much as starting to shift family relationships and communication patterns. She remarks:

*“you know they can get the responsibility of breaking, breaking the pattern much clearly and it being not just about themselves but about the generation to come, which I think is really important”.*

My participants also felt that genograms foster emotional understanding as well as cognitive insight. The naming and re-framing of experiences allows the release of associated emotions, helping the client let go of their fears, grieve for their scripts or express anger about their unacknowledged role. For example, Therapist C says that one of her clients:

*“was able just to then think about um, actually that fear of dying and fear of funerals was something that she'd carried with her but actually she'd outgrown now um, through I think just, through, in a couple of sessions just working on that pattern over time um, through using a genogram”.*

This can sometimes involve different threads in a complex and subtle process of healing. In recognising the influence of family myths, traditions or transgenerational trauma, the client may experience some relief in understanding that *“this isn't just about me, this isn't about me carrying this”* (Therapist H), whilst also facing the task of learning new relational patterns or self-regulatory mechanisms. This allows them to develop a different emotional relationship to themselves. For example, acknowledging the influence of her father's exodus when she was eight enabled Therapist I's client to relate to her current bereavement differently as she was not *“so filled up with emotions from the past”*. So it is *“not taking away the negative”* (Therapist G), but enabling the client to express, explore and live with often conflicted feelings.

I recognise in writing this that such therapeutic change is possible without genograms, however I wanted to illustrate how my data suggests that genograms can specifically assist this process. As a main theme of interest for me, I shall return to this in my Discussion.

### **3.7 Therapist actions and enablers**

I like the following quote from Therapist I, which illustrates the importance of the therapist's approach using genograms:

*“it does help if it's used in the right way..... you can take a history that's enlightening for both parties and helps to speed up the process of knowing or of being known for the client but you can also do it in a way that isn't like that, it can feel like it's abusive, or intrusive”.*

In this category, which is divided into four sub-categories, I will clarify the therapist factors which influence the outcome of work with genograms. In many ways, these therapist qualities and interventions are relevant to therapeutic work in general, but I shall focus on how they shape work involving genograms.

### **3.7.1 Being flexible, congruent and responsive**

Therapists will adapt their approach according to each client, their presenting issues, goal, and stage in therapy. This is true in a more general sense, as well as specifically regarding whether to introduce a genogram, or another tool, into the work with a certain client. For example, Therapist D said she was hesitant to suggest a genogram to a client with a very fragile sense of self as she felt it would be too exposing for her. Recalling this case, she remembers her client who had:

*“a very fragile sense of self, I would say sort of schizoid personality traits. So seeing her is probably what she wants the most but it is excruciating painful if I see her and she'll be very blocking and I think to integrate a genogram at this point would be excruciatingly painful for her, I think she'd feel very exposed”.*

Therapist I prefers to use sculpting techniques using buttons or other objects with some clients. Talking about what helps her make this decision, she says:

*“I think it might be partly to do with my sense of the person, cos some people, you pick up quite quickly that there's something quite playful about them and I may do*



*something creative with them, some sort of creative method, but also I think it's a slightly less threatening way to do it".*

It is this ability to be flexible which influences how therapists can offer an integrative, person-centred and responsive approach to each client. If this is misjudged, it may result in a therapeutic rupture such as in a previous example when Therapist B's client found it too emotional and did not return to the therapy for nine months.

When using genograms, all therapists said it was important to be open about their intentions for introducing them into the work because this influences how the client responds. This can be intimately connected to the client's process and the timing of the introduction. For example, one of Therapist C's clients was initially hesitant as he thought it might open up some painful areas that he felt uncomfortable looking at in early sessions with her. She continues saying: *"but once you've given them a rationale, that it's helping you to understand, you know why they're feeling like they are"*, then clients realise the potential benefits and feel more at ease. Therapist I talked about 'suggesting' a genogram so that clients feel they have choice about using it, thus displaying a congruent and genuine interest in what the client wants. She reflects that:

*"I think I'm more likely to suggest that it's a possibility um, that I'm probably more likely to get the person who's genogram it is to actually draw it....so they have more control over it, rather than me dictating the order in which things go down".*

Pitching work with the genogram at the right level for the client's stage in therapy is a crucial and delicate task. Therapists talked about working at the client's level of awareness and *"not diving in deep too early"* (Therapist E). It is about considering the timing of interventions and judging when the client is ready to hear something. Therapist G highlights that:

*"sometimes you see things and keep it to yourself because the person is, in your view, not ready to hear that or see it".*

Returning to Therapist I, she remarked that as a social worker she “*may have sort of waded in and suddenly thought wow, something's coming out there that maybe this person's not ready to tell me about yet*”. So experience taught her to adapt her approach so she is more open and client-led: “*so I think I probably changed the way that I used them*” as evidenced in her quote above where she talks about ‘suggesting’ a genogram and then following the client’s lead.

It is interesting that many therapists had collated their own genogram as part of their social work or systemic therapy training and there was a unanimous view of how powerful they can be. Therapist G says:

*“it was very hard, very personal, and very hard, and that's the absolute reason for doing it, but people in the group would make connections for you, well look at this and you'd think oh god”.*

She then had more awareness about the potential impact of using genograms with clients in a ‘blasé way’ when ‘shocks’ can happen, but my sense was that not all my participants had consciously connected their personal experience to their approach with clients.

Even if therapists are careful and considerate, genograms can be exposing because it is not always possible know what will emerge. This might be particularly pertinent when the genogram is being used for assessment purposes in the early stages of therapeutic work. For example, Therapist C did a genogram with a mother who had lost eight children to a specific condition. This experience made Therapist C realise how the visual nature of genograms can enhance the emotional impact of what is voiced; she remarks:

*“so, I remember it just being an incredibly moving thing talking to this mother and doing the genogram and kind of... it was just crosses [signifying death].....it just kind of went on endlessly, it just felt like ur, ur, a useful thing to do but also it also enhanced how profoundly tragic this woman's life had been”.*

How the therapist responds to what comes to light can affect the client's ability to process the feelings and their wish to continue with the on-going work.

Being authentic and congruent involves working in the moment to respond to a client's way of being. Initially, this includes assessing the client's response to a genogram. Therapist I says:

*"you have to be checking, are they really going with this or are they sort of hesitant and you've got to be prepared to say, do you want to leave it?"*.

So the therapist should be prepared to stop if the client becomes agitated or distressed, even if they are finding the genogram useful for increasing their understanding of the client's presenting issues.

In the on-going process, therapists constantly pay attention to various forms of client feedback, including non-verbal reactions, and respond appropriately to any feelings. Therapist G reflects that *"I suppose the management side is the containing, containing their feelings, helping them to talk about them and explore them and taking things slowly"*.

### **3.7.2 Being client-led, open and curious**

Genograms allow therapists to immerse themselves in their client's world in order to fully understand their experience; Therapist F says: *"I like getting into the story with people and um, getting into the thoughts and feelings very much"* and Therapist E comments *"it's very much getting into the ground of really beginning to say what does life mean for you?"*. This demonstrates the therapist's interest in the client, thus facilitating the working alliance.

Working from an enquiring position, therapists are *"endlessly curious"* (Therapist A) about the themes, patterns and connections emerging in the genogram. As Therapist H says:

*“you know, you’ve got a piece of paper and you can just draw the genogram out and get some names in and do in quite a curious way cos you’re just sort of being and trying to find out who are the important people, so I find it actually it’s not, it’s quite an unthreatening way of getting a sense of who’s who”.*

Many therapists engage openly with clients, giving them choice about when and if to disclose and allowing them to explore and wonder at what has come to light. As an example, Therapist G’s approach is to:

*“say to them, I want to hear if you want to tell me, or if you don’t want to tell me, that’s absolutely fine, it’s up to you, what we’ll look at is the effect.”*

From her experience, Therapist I prefers her clients to take the lead and collate the genogram from their point of view. This means that the client can show what is most important to them, giving them a sense of control over the process and thus fostering self-agency as a key outcome of therapeutic work. In this way:

*“it’s starting where they’re at and it’s telling you what’s most important to them but also giving them a chance to have control over the process of disclosure”.*

Therapist B asks about and trusts her client’s instincts regarding fleeting thoughts they might have had whilst collating a genogram. She says:

*“I ask them what they think and all of the things that they’ve thought and discarded as there’s often such useful.....what they’ve thought is usually right”.*

Their explorations will be collaborative as she will explain her reasoning behind any questions and offer some of her own thoughts. As outlined in ‘Integrating genograms’ earlier, the therapist may notice and be curious about what the client does or does not include or focus on in their genogram. They may have their own sense of what is meaningful and use their judgement about when or if to voice that, as I shall outline further below.

Therapists aim to make interventions which assist the client. Therapist E says:

*“because I’m monitoring myself all the time, everything that happens is for the benefit of the client, including self-disclosure”.*

So the therapist judges whether a question or comment will contribute to the overall therapeutic task. Therapist G remarks: *“why are you asking the question, for their good or for yours? and when it's for yours then you shut up”*, which is in line with her earlier comment of *“who’s doing the understanding?”*. For me, this highlights interesting and complex issues regarding who the insight is for, which I shall debate further in my Discussion.

### **3.7.3 Working in the relationship**

All my participants have a holistic and integrative approach in their work, focussing on the individual within their system and paying attention to how the client’s relationships and interactional patterns may be contributing to their problems. As Therapist G remarks, a genogram can assist with this:

*“because if they've got it in front of them, you might look at this and you might think, ok, so your mum's over there, you don't have much contact with her, umm I'm looking at the picture in the room, if mum was sitting in the room, what would you like to say to her?”.*

A few therapists suggested that a systemic and relational approach would be possible without genograms, but they help them fully explicate the client’s context and enter their world as detailed above. Therapists can then ask questions to clarify the client’s experience and inquire about how their core beliefs developed. Those trained in systemic therapy may use specific techniques such as circular questioning to challenge the client’s worldview. This particularly helps the client to re-frame their life script (Berne, 1961) and fosters therapeutic change.

Therapist E gives an example:

*"if I ask a reflexive question, that's going to challenge the person in terms of their epistemology...so there's something about what is your script and where did it come from?"....no condition has ever been treated out of existence ever without changing the context."*

Therapist E goes on to quote Marx (1845) by reiterating that "philosophers have only interpreted the world, in various ways; the point is to change it". It is clear from earlier evidence that genograms facilitate rapid insight, but Therapist F emphasised how practitioners *"have to be quite tough sometimes"* by challenging the client about how this helps them.

Many therapists felt that more lasting changes are achieved through a focus on the relational origins and context of an issue. Therapist C believes there is a difficulty with cognitive-behavioural therapy sustaining change if only the individual and their internal processes are considered and treated. This is because:

*"you're missing involving other people in their treatment.....that can then go on to help people maximise change, sustain change, um, and if, as there often is, part of the presenting problem is relational and by just treating an individual you're missing that".*

Therapist E passionately described the importance of addressing the contextual basis of a particular presenting issue. He says that:

*"if you don't, you end up with revolving door syndrome because that's why in adult mental health you always used to see these people who come out, you discharge them straight into the flaming fire and then they come back again, because the natural systems in our families are much more ruinous than the power we think we have as therapists".*

Therapists will also pay attention to the therapeutic relationship, encouraging the client to reflect on their experience in the work and process what emerges in the genogram. They help the client explore and express their feelings about what something means for them, thus creating a secure base (Bowlby, 1979) and holding environment (Winnicott, 1965) in which the client feels held and understood. Therapist G focuses on “*containing their feelings, helping them to talk about them and explore them*” and Therapist E highlights that “*what I’m trying to do is create a sense of containment, a sense of a secure base to hold them*”. This may include normalising the client’s experience of personal change, accepting when the client meets resistance or reverts back to old patterns under stress. Therapist F states that:

*“I think that often what happens is I tend to say to people that you know, you know when you’re very tired, when you’re very ill, of course all these, you revert to the old patterns and of course that’s how you’ll feel.... but a lot of the time things will....you will be able to go on and feel better”.*

The therapist may adjust their contact style according to attachment patterns suggested by the client’s genogram and will be constantly self-monitoring for counter-transference reactions that inform the work or highlight self-care issues. For example, spending time with her aforementioned elderly male client discussing his ruptured relationship with his daughter prompted Therapist C to reflect on her own need to see her father more often.

Many therapists spoke fervently about experiencing intuition in the therapeutic work and transference. This may prompt them to suggest a genogram as detailed earlier in ‘Motives’, or it might occur as part of the on-going process. As genograms can seemingly evoke the unconscious, therapists have strong hunches about something or someone missing or undisclosed in the client or their family. Therapist H says:

*“you sit there, you know, with your counter-transference you’re thinking I know you’ve been abused, or I really think you have and then two years down the line and they suddenly tell you something.”*

As a specific example, Therapist B said that there was something about how a couple was relating which made her think that they had lost a baby who they had not yet been able to mourn. She recalls:

*"I scratched my head and thought you know I think they've lost a baby somewhere along the way....there was something about how the couple was relating, that was not, ur...you know if there's a baby and they don't mourn it together, it's a rupture."*

The therapist may choose to hold onto a hunch as they consider it too exposing, so it would be inappropriate and unhelpful to name it at that point in the work. It may later be revealed to be true when it emerges naturally in the process, such as it did in the example above. However, with less poignant information, the therapist may choose to voice their ideas. Therapist I talked about moments of 'advanced empathy' when it can be helpful to notice something the client is not yet aware of. My view is that it is about being just one step ahead of the client's awareness in a way which is effectual rather than being too challenging.

As an example to illustrate these points, Therapist H reflects on one of her clients where:

*"for me it was very clear there was this pattern of abuse going on..... and then drawing it out, I'd sit there and think well that's so obvious but for her she's just starting to see it, so I wouldn't point it out, I'd just say well you know this bit's interesting isn't it? I wonder what that's about..... I guess it's more about just being very careful about it, I think you know as all therapists we see, we hold stuff all the time don't we? We just hold it until the time's right or until it comes up as something different maybe, you know it's just about holding it open isn't it?"*

### **3.7.4 Considering the treatment direction**

This integrates with 'Shaping the on-going work' as a consideration of how the therapist uses information highlighted by the genogram to decide the treatment direction. It refers to their



approach in the overall context of the work rather than working in the moment as described earlier in this section.

If the circumstances of the therapy permit, many therapists like to be open to where the process leads. Therapist F likes to be “*free-ranging and imaginative*”, sometimes “*having rather wild ideas about whatever it was that happened and looking at them*”, as this can bring revelations. This allows the therapist and client to gain a wider perspective, which may change their idea of the presenting issue. Therapist C states:

*“you would try to get an understanding of um, what they think is the presenting problem....then getting into the genogram, a broader perspective will emerge.”*

However, it can lead to information over-load where they feel over-whelmed and struggle to know how to utilise what emerges, so the therapist’s approach and ability to manage is crucial. Therapist I highlights that:

*“you can get into quite complicated situations sometimes if the genogram is so complicated... it’s almost like it can be over-whelming.... so you have to prepare yourself if you’re going to use a genogram...to use the skills as a therapist and to remember that you are a therapist doing a genogram.”*

In this way, it is also important to trust the process; Therapist I adds that she is:

*“quite comfortable with holding a lot of information and letting the picture slowly emerge without really knowing what’s going to happen, so that doesn’t bother me with being flooded with information”.*

Therapist B takes what might be seen as a more transpersonal perspective by believing in something guiding the process:

*"I'm not a shaman trained person....but I think it's the same sort of feel, that whatever's going on can be tapped for a healing and beneficial outcome, and we don't always know what that is".*

Others are more pragmatic, drawing upon their training, experience, intuition and curiosity to judge what is important to focus on. After years of practice, Therapist G purposely listens to the client's language, paying attention to what is said and avoided as a way to guide her explorations. She comments that:

*"the advantage of having worked for 40 years.... is that you've got so many ideas in your head you have a great advantage over somebody who's just practised, so you can hear all the different things and you think, ahh right, let's look at this bit, paying attention to what's being said, or what's being avoided."*

Therapist C says that she uses genograms to focus on particular themes with her palliative care clients: *"I use them in two ways, one for assessment and one as a focus for particular issues so, say secrets or who cares for whom in the family"*. When Therapist H has felt overwhelmed using a genogram, she has used her feelings as a way to re-prioritise the work, breaking it down so it becomes manageable each session. She says: *"you can use it to focus as well, if it feels over-whelming, ok well what can we focus on?"*.

In this way, the therapist might be more directive, depending on their reasons for introducing the genogram and the length of sessions available. In short-term work, the therapist will keep in mind the presenting issue and ensure that the genogram focuses on areas relevant to the goal of the work. Therapist E says that *"it's always about how is this in the service of the task? What are we here to do?"*. Even in long-term work, therapists will refer back to the presenting issue at key intervals when reviewing the work against the original contract: *"often, I keep bringing it back, you know"* (Therapist F).

In other cases, the direction of the work will arise naturally from joint discussions around what has emerged in the genogram. For example, Therapist C said that *"being curious at*

every step” with her aforementioned palliative care client who had a fear of dying allowed them to follow a particular line of enquiry that presented itself in the genogram. She adds that: *“seeing it visually and working up through the family together....I think for her using a genogram, it prompted a particular line of enquiry”*.

Therapist A believes it becomes apparent from the conversation between her and her client, so she may even use the genogram to uncover or test a hypothesis further. She says:

*“the dialogue between me and the client tends to present....the focus really, um.....  
I suppose if I've got an inkling that, that or I can begin to see a pattern, and I, then I  
might try and you know, work out or test my hypothesis I suppose with a genogram,  
you know, is this pattern really real, is what I'm picking up really real”*.

This shows that therapists work in different ways with each client and according to the clinical situation. Within my data, I get a sense of the tension between the therapist choosing to follow or direct the process, both in the moment and within the overall direction of the work, which I see as an overall theme in therapeutic work more generally.

### **3.8 Closing remarks**

In this third section of my thesis, I have demonstrated that *“genograms and process of therapy are interlinked”* (Therapist E). Using quotes and rich examples from my data, I have shown that how genograms are integrated into the on-going work affects their impact and that both of these are influenced by the therapist’s approach and interventions. I have highlighted many themes and issues about the meaning and consequences of my findings that merit further deliberation in my Discussion.

## **4 Discussion: Considering the meaning and impact of my findings**

*“My ancestors’ souls are sustained by the atmosphere....since I answer for them the questions that their lives once left behind” (Jung, 1967)*

### **4.1 Overview of this section**

As I sit here preparing to write the first words of my Discussion, I am aware of both a sense of slight over-whelm and loss. My work on my thesis thus far has sparked so many thoughts and ideas that part of me feels baffled about how to bring them together into a coherent argument. I know that not everything can be included, so there is a loss in going from an open, exploratory period to a more fixed narrative. The possible parallel between this and what I have learnt about using genograms from my findings does not escape my notice; this leaves me reflecting again on the power of what comes up with this topic area and the need to maintain a clear focus.

I am also aware of how I am constructing what is included in my Discussion just as much as at any other point in the research process. Therefore, I am naming at the outset that my intention has been to highlight and deliberate what I see as the key themes from my findings that are relevant for the theory and clinical practice in integrative psychotherapy and counselling psychology. Other readers will have different interpretations, which I welcome as part of a creative and constructive debate about this topic area that I hope will be ignited by my project.

Returning to my quote at the beginning of my literature review, Rigazio-DiGilio et al. (2005; p.140) continue by saying, that:

*“while context matters, it is very often difficult to bring into the therapy setting.....it can be overwhelming, emotionally and informationally..... it is often discussed, then discounted, and removed to the background, being superseded by preferred therapeutic methods”.*

The aim of this research has been to sincerely engage in the process of investigating how therapists use genograms to bring context fully and actively into work with individuals in one-to-one therapy. I can vouch for Rigazio-DiGilio et al.'s insinuation about the intensity of this inclusion, in terms of my participant's voiced experiences and my own in the parallel process of conducting this research.

I have found that the key variables in using genograms are how they are integrated into therapeutic work, how they create impact and change, and how the therapist's actions and enablers interrelate with both of these processes. In this section, I shall discuss the main outcomes from my findings in the context of relevant literature and research, bearing in mind that there has not been any previous research into the use of genograms with individuals, and propose a model which helps me understand these. I shall then consider any professional implications and issues around personal and professional reflexivity.

## **4.2 What do I understand from my findings?**

### **4.2.1 A genogram is a powerful tool**

It is clear that a genogram is an important therapeutic tool which can be used flexibly and dynamically. What emerges, both in content and process, has the potential to be powerful, as it can yield surprises and revelations. So I am interested in how, whilst it initially seems to be quite a basic tool, a genogram can have such an effect on the client and therapist. Referring to the literature to find out more, the most illuminating reference I can find to support this discovery is in the area of couple therapy as Scarf (1987; p.80) says:

“one can often open up a Pandora's Box of memories, fantasies, dreams, angers, reflections, anguish.....information emerges....which has never been shared with anyone before.....the process by which this happens is something that has never become clear to me; it remains, at some level, mysterious”.

Through my own processes of reflection, I have had some ideas about why genograms might have such an effect, which I shall outline later in this section.

#### **4.2.2 Genograms integrate into the therapeutic process and relationship**

Genograms are a very useful method for gathering information which allows rapid insight for the client and therapist. But, more than just a data collecting device, they can be used actively and collaboratively within the therapist's overall toolbox of interventions and approaches within the on-going therapeutic relationship. Other literature has not specifically highlighted this link, and the subsequent subtleties and tensions that it brings. Thus my research responds to Papadopoulos & Bor's (1997) plea to build on Beck's (1987) paper by further explicating the processes involved in constructing genograms in therapy.

One important conclusion from my participants is that a consideration of the relationship is made at the point that the therapist initially introduces a genogram. Therefore, all therapists agreed that a certain level of working alliance and trust is required before they make the suggestion. This might mean that it does not occur to them until the second or third session, if not much further into the work. Indeed, my research further confirms that genograms are not just used for information gathering purposes, but can be valuable for allowing a deeper level of personal exploration and greater clarity in later stages of therapy.

In their book about community genograms, Rigazio-DiGilio et al. (2005) corroborate this by stating that genograms can be used in the beginning of therapy to accelerate the formation of a working alliance and provide valuable information about the contextual factors that are influencing the client's worldview. At key later stages, they can be used as an intervention device which helps clients focus on particular issues or clarify essential forces operating in their current situation. In my mind, this is an important development which emphasises the genogram's flexible and multi-layered use, rather than what is often espoused about its foremost credentials as an assessment tool.

#### **4.2.3 Genograms can help or hinder the therapeutic process and relationship**

My findings show that using genograms can have a myriad of positive and negative impacts on the client, therapist and the therapeutic relationship. This seems to be in contrast to much of the literature, which mostly focuses on how they can be used and the efficacy of what can be gained. Therefore, more nuances are revealed when the focus is on the process, rather than just the function, of their use. I have noticed that whilst some authors, for example DeMaria et al. (1999), outline the limitations and other negative effects of using genograms, they are often detailed in relative isolation and there is no accompanying discussion about why they might occur, how to process the impact on the client and if there are any mitigating factors to help manage them. My intention in this research is to openly acknowledge the potential difficulties and reflect on them within the wider context of the work.

In this way, I think that there are two main potential hindrances to using genograms. For the client, what is revealed by a genogram can be exposing. The personal stories and their emotional effect and meaning can be difficult to bear. This occurrence is quite widely verified, for example Neill (2006; p.20) says a genogram “needs to be used sensitively because it is a powerful tool and powerful family dynamics are laid bare”. DeMaria et al. (1999) warns the therapist to be aware of the potential to expose family secrets during the interviewing process and thus avoid ‘reckless endangerment’ of the family system. In one-to-one therapy, my sense is that the risk of this is greater earlier in the therapy when the client is unprepared and may not have a sufficiently robust sense of self (depending on previous experiences of therapy) or trust in the therapist. But it is interesting that both cited authors refer to the therapist as having a key role in managing this risk.

Indeed, it is the therapist’s approach and ability to deal with what emerges in the genogram that affects how it is used and whether it becomes over-whelming. One of DeMaria et al.’s (1999) limitations is that so much information can be collected that the genogram becomes

overloaded with so many patterns and issues that the clinician struggles to determine what is most relevant to the problem being presented. This means the genogram's value in directing the therapeutic work is compromised and it might become a pointless and even harmful exercise.

From another point of view, genograms can have positive consequences for the therapist. Used carefully and appropriately, they help foster the development of the relationship (Beck, 1987; McGoldrick et al., 2008), show the therapist's interest and engagement in the client and their world, highlight any potential therapeutic or transference issues and facilitate emotional processing. If they wish to use it in that way, they can aid the therapist's focus on a particular issue or allow them to uncover key issues underlying a problem or symptom.

Genograms help the therapist understand their clients and clients understand themselves. Although my participants made references to how genograms assist the reflective process of therapy, I wonder if genograms specifically help the client's reflective abilities as Holmes (1999) postulates that opening to a wider context (and specifically the mechanisms of transgenerational transmission) enables people to reflect on themselves and so increase their reflective function (Fonagy & Target, 1996).

#### **4.2.4 Genograms allow a holistic and integrative approach to understanding the client's context**

Building on the positive effects, it is clear that, by bringing in information about their current family and ancestral context, genograms increase clients' understanding of themselves. This means they can connect their personal experiences to wider patterns within their families. It is possible to focus on intrapsychic and interpersonal processes and contextualise them in a wider view of how they developed, thus substantiating DeMaria et al.'s (1999; p.xvii) view that a genogram "allows the clinician to explore psychodynamic, interpersonal and intergenerational areas of psychosocial experiences". From a counselling psychology



perspective, Alilovic & Yassine (2010) also cite an example of taking an intrapsychic and interpersonal approach with a genogram.

That this understanding has significance for the client supports theory and research explored in my literature review, which shows that systemic and transgenerational influences are important in shaping a person's internal working model (Bowlby, 1979) and sense of self. As McGoldrick & Carter (2001; p.282) confirm: "the family and social system are assumed to play a profound role in the structuring of the psych". However, I think that the type of narrative (rather than historical) truth that emerges from a genogram, which is constructed from one person's point of view, indicates a more modern, social constructionist interpretation of system's theory where family meanings are co-created and mutually influencing, rather than operating mechanistically within a closed system.

Either way, McGoldrick (2011; p.33) believes, that "to make sense of what we experience in the present, we must understand our family's history". She cautions that it is not possible to destroy our history, as it lives on inside us and may be more powerful for any attempts to bury it.

#### **4.2.5 "Who's doing the understanding?"**

This quote from one of my participants ignited my curiosity about who any understanding or insight is for. As such, I think it is a 'gem' (Smith, 2011) because it seems especially resonant and adds analytic leverage to my research. In some ways, I am not sure why it has intrigued me so much as at first it appears simple to answer, and yet I find it raises surprising complexities and uncertainty.

As outlined above, genograms engender insight and understanding for the client and therapist. But when the therapist introduces a genogram and continues to work with it, who is this really for? The same participant quoted above also said "*so you've got to sit on*

*yourself sometimes, why are you asking the question, for their good or for yours? and when it's for yours then you shut up*". Initially I agreed with her as this instinctively made sense because therapy is about helping the client understand themselves and alleviate any distress. But after further reflection I wondered how often we as therapists make interventions purely for the client's needs. And how do we judge who they are for? If an intervention or particular approach helps facilitate the therapeutic process, which is aimed at the benefit of the client, does it matter if the therapist also benefits by greater understanding of the client's world and how they are functioning? Is this not an expected and necessary by-product in order to keep the process going?

However, my sense is that it has the potential to become abusive if the therapist does not take into consideration the client's wishes, if their intentions are misplaced (for example, if they want to use a genogram to avert from a difficult transference), or they do not realise or pick up on the possible impact on a client. Indeed, in her feedback about my findings, another participant commented that this question also puzzled her; she said that she often thinks less about how helpful a genogram is for the client and more about how helpful it is for her. In this way, issues of power are being raised within the therapeutic relationship.

If I consider professional ethical guidelines, the United Kingdom Council for Psychotherapy (2009) states that the psychotherapist 'takes responsibility for respecting their client's best interests' when providing therapy and in their ethical principle of responsibility, the British Psychological Society (BPS) (2009) say that psychologists should 'avoid harming clients'. Therefore, it could be unethical to make an intervention or use a therapeutic tool without active consideration about the purpose or impact. But the BPS point out that ethics involves decision making, so perhaps this raises a question for the therapeutic profession about how to judge the intention and/or outcome of therapeutic behaviour. With hindsight, I would have liked to recognise this issue earlier so that I could have asked my participants about their views.

#### **4.2.6 Genograms aid therapeutic change**

My findings demonstrate that “a genogram is an invaluable tool for change” (Hedges, 2005; p.169), which can be cognitive, emotional and behavioural. The strength of work with genograms appears to be that, by understanding their issues in a wider context, clients can shift their perspective of themselves and others, which subsequently allows more conscious choices about how to behave in the future. A release of associated feelings can accompany this re-framing, thus fostering emotional understanding as well as cognitive insight. Therefore, this approach seems to be more systemic in nature because it involves:

“knowing the system, the structure and how it works, and moving self into the structure in order to re-work one’s place in it, thereby changing one’s internal experience” (Gilles-Donovan, 1991; p.9).

The suggestion is that, by reaching back into a family’s rather than just an individual’s history to understand how myths, scripts and relational patterns have developed, the client has greater awareness of what is influencing the manifestation and maintenance of any personal issues. Holmes (1999; p.128) says that “knowing more about the past and one’s genetically determined future may deepen one’s capacity to live fruitfully” and McGoldrick (2011; p.28) also believes that “the thread to your past is the ladder to your future”.

Many participants talked about how this way of working can accelerate therapeutic change, because discoveries are made in the genogram which allow the client’s story to emerge more quickly. In addition, by enabling problems to be contextualised, genograms are non-pathologising and thus help avoid ‘client self-blame or defensiveness’ (Athanasziades, 2008). So by defining themselves in relation to others, systemic thinking empowers individuals sufficiently to assist them refocus their beliefs and life goals which, in turn, can lead to therapeutic change (Hedges, 2005).

#### **4.2.7 The impact of making the unconscious conscious**

However, I want to further explicate a few points here. I am interested that sometimes the focus is on 'knowing' as the first step in therapeutic change. My own experiences confirm that it required more detailed questioning in order to fully understand how my participants viewed the impact of cognitive insight on emotional and behavioural change. There is a well known quote saying that "those who cannot remember the past are condemned to repeat it" (Santayana, 1980). But I disagree with this because it seems that, in a lot of cases, what is revealed in a genogram is the unconscious becoming conscious, the 'unthought knowns' (Bollas, 1987) becoming known. So it is not about 'remembering', but 'making conscious' something that was previously unconscious, the process of which can have profound consequences on the client and the therapist. These can be beneficial or difficult, depending on the timing, the therapist's response and the client's sense of self and stage in therapy.

In addition, I think it is important to highlight that further personal change focussing on relationships and/or internal processes is normally required after the client gains insight and understanding. McGoldrick et al. (1999; p.2) state that genograms enable therapists to "re-frame, detoxify and normalise emotion-laden issues" and McGoldrick (2011) believes that understanding family dynamics brings acceptance. However, I wonder if my participants drew attention to a tendency to focus on understanding from an Adult ego state (Berne, 1961), rather than working through the client's emotions within their Child ego state. Certainly this focus on emotional catharsis and intrapsychic processes would be one way to facilitate change within a model of individual psychotherapy.

However, many of my participants, and indeed those who use genograms, also work systemically and therefore might also focus on changing the client's relational processes. With this, feelings are:

"connected back to family emotional patterns and relationships rather than 'worked through' by direct expression by the therapist" (McGoldrick & Carter, 2001; p.283).

Thus, whilst internal and external systems are seen as having a reciprocal influence on each other, the internal system is not seen as the most relevant to psychological functioning within a systemic approach.

Stratton (2006) says that engaging family resources is one of the most important predictor's of our clients' success. More recent research also supports a systemic focus to individual therapy because it found that involving 'relevant others' (either metaphorically or actually) in the process supports clients to remain in therapy and maximises the potential therapeutic benefits (Pinsof et al., 2008). This has interesting implications for individual psychotherapy which, in my opinion, needs to engage with both viewpoints. Certainly, in my own therapy, working on my self-regulatory processes and how my system influenced their development and maintenance was the key to long-term internal and relational change.

But does this mean that therapists need a systemic perspective to work with genograms? My negative case analysis suggests that a systemic approach, rather than necessarily a full training, is required, but further research could explore and clarify this.

#### **4.2.8 The role of the therapist**

I am aware that many of the points raised in my discussions above highlight the therapist as a key influencing factor in mitigating the possible negative effects and enhancing the positive effects of using a genogram. My findings suggests that, when the focus is on using a genogram in the process of therapy, the therapist's training, experience, judgement and approach are important. This is reflected in the fact that I made 'therapist actions and enablers' one of my three main categories.

Significant characteristics are the therapist's ability to pitch the therapy at the right level and contain any emerging process. This requirement is supported in the literature, as McGoldrick (2011; p.47) says:

“if you are a therapist, it is best to proceed with clients gently, encouraging them to open things up cautiously and respectfully, and only when they are ready to handle the fall-out and reactivity that may arise”.

It is also important for therapists to adjust their approach according to the client, their presenting issues and the circumstances of the therapy, being directive or collaborative where necessary and responsive to feedback. This includes judging when to introduce a genogram as well as deciding the treatment direction. As mentioned above, DeMaria et al. (1999) state that it is possible to get overloaded with information in a genogram, so it is vital that the therapist has the capacity to trust the process and/or the client's embodied experience about what it is important to focus on.

From a personal point of view, I am particularly interested in the importance of the therapist's ability to be a reflexive practitioner and trust their intuition. Many participants mentioned following their intuition when they introduce and work with a genogram, particularly paying attention to the client's level of awareness and thus holding onto things they notice until it is more pertinent to raise them. It is almost like they are open to and responding actively to their experience of another level of the process, which if used correctly, can be powerful and beneficial. I also think that their capacity to be a reflexive practitioner influences their ability to manage the process, the client and themselves. For example, a reflexive therapist could translate a feeling of being over-whelmed into an understanding of what the subject matter is like for the client, thus helping them process their experience.

However, I am aware that, within this argument, a lot of responsibility for determining the outcome of using genograms is being put in the therapist's hands. It is easy to say 'it's the therapist' without fully elucidating what this involves. Whilst Stanion & Papadopoulos (1997) believe it is possible for any therapist to acquire the skills and knowledge necessary to incorporate genograms into their work, perhaps it is crucial to ensure that they do. Indeed, Alilovic & Yassine (2010) warn that a genogram's utility is hampered without sufficient

experience or training. This might include their ability to judge the client's resilience and the timing of the genogram's introduction and subsequent interventions.

#### **4.3 Understanding unconscious transmission and connections**

I also believe that something unexpected and arcane can sometimes occur when using genograms, which is not related to the therapist or their approach. It concerns the power of what is uncovered and the impact this has on the client, the therapist and their shared process. All my participants talked about this in terms of the 'big surprises' and 'revelations' which emerge, which is also when I became aware of tingling in my legs and at the back of my neck and I felt emotionally moved during my interviews. Giving feedback about my findings, one of my participants confirmed that this corresponded to her physiological experience of using genograms as well.

It is almost as if genograms allow the accessing of an unconscious level of meaning and experience, which goes beyond the verbal and can be sensed in the body. Perhaps this is similar to therapist's experiences of family constellations, as Broughton (2006; p.24) recounts that:

"something is always revealed using a constellation with an individual.... by going into an inner sense of being....sitting within a larger field, our work is changed, our interventions are different and the results are different; however we do it, we are affecting the representation of 'others in me' and we find that often the dead have a lot to say".

In the same way, perhaps a wider field of shared but largely unconscious and unspoken family knowledge and experience is tapped into during work with genograms. This would explain the existence of phenomena such as anniversary reactions as outlined in my literature review.

But how and is it possible to explain these connections scientifically? I believe that quantum mechanics and the physics of consciousness can now offer an explanation for our interconnectedness as proposed through concepts such as the collective unconscious (Jung, 1966). For example, Mindell (2000) describes two different levels of human perception as consensus and non-consensus reality. Being 'above ground' and conscious, consensus reality (CR) is the everyday world of what people experience as reality; physicists call this 'classical' reality as governed by laws of space, time and matter which can be observed objectively. In contrast, non-consensus reality (NCR) is 'below ground', a 'dream-like' state where physics follows different laws. This quantum world is governed by the 'quantum wave equation' (Heisenberg, 1958; Bohr, 1958) which describes what happens to elementary particles and is full of imaginary numbers that cannot be directly measured or seen in everyday reality. This is a realm of personal experience, subjectivity and interconnectedness, because "in NCR we are one" (Mindell, 2000; p.220) at a different level of consciousness. In this way, NCR represents a more recent and scientifically informed version of Jung's (1966) concept of the collective unconscious, as a universal, shared level of consciousness. I have chosen to use the term NCR at this point, to reflect the reference to Mindell's (2000) ideas of CR and NCR.

I am hypothesising that using genograms somehow opens our consciousness to NCR. Time is a CR concept, so in NCR everything is experienced as here, right now, because the present moment is created by communication between quantum waves in the past and future. This explains why the impact of a genogram is so 'present' and powerful as it 'brings people to life', as my participants commented. As Gajdos (2002; p.310) puts it:

"time really is one. We look at genograms as a linear event, but I think they can move us to an experience of kairos – that we are linking past with present with future".

One of the principles of the 'universal mind' is its symmetry. Providing a modern scientific validation of systems theory, it is known that particles compensate for one another in a way



which suggests they are interrelated in a wider field that has a tendency towards balance, wholeness and self-compensation. This concept is similar Sheldrake's (1995) 'morphogenetic field' that generates system intelligence, which inspired the notion of the 'knowing field' to describe the force that guides family constellations (Payne, 2005).

Mindell (2000; p.247) says that:

"this symmetry manifests in the way we compensate for one another's behaviour, not necessarily in the moment, but certainly over time".

This offers some way of understanding both transgenerational transmission and the mutually influencing interactions within our families: we are all part of a greater, self-organising whole which influences our development and behaviour. It also supports McGoldrick's (2011; p.19) sense that "at the deepest level we are all a part of all that our families have been and keeping that connection matters".

Interestingly, Mindell (2000) also suggests that personal growth happens when NCR integrates with CR, when part of the 'truth' of NCR becomes known in a time and place in the client's reality. This is consistent with my participants' observations about the power of insight, but I notice that Mindell is perhaps advocating 'awareness' as an end in itself rather than considering the emotional impact of its meaning.

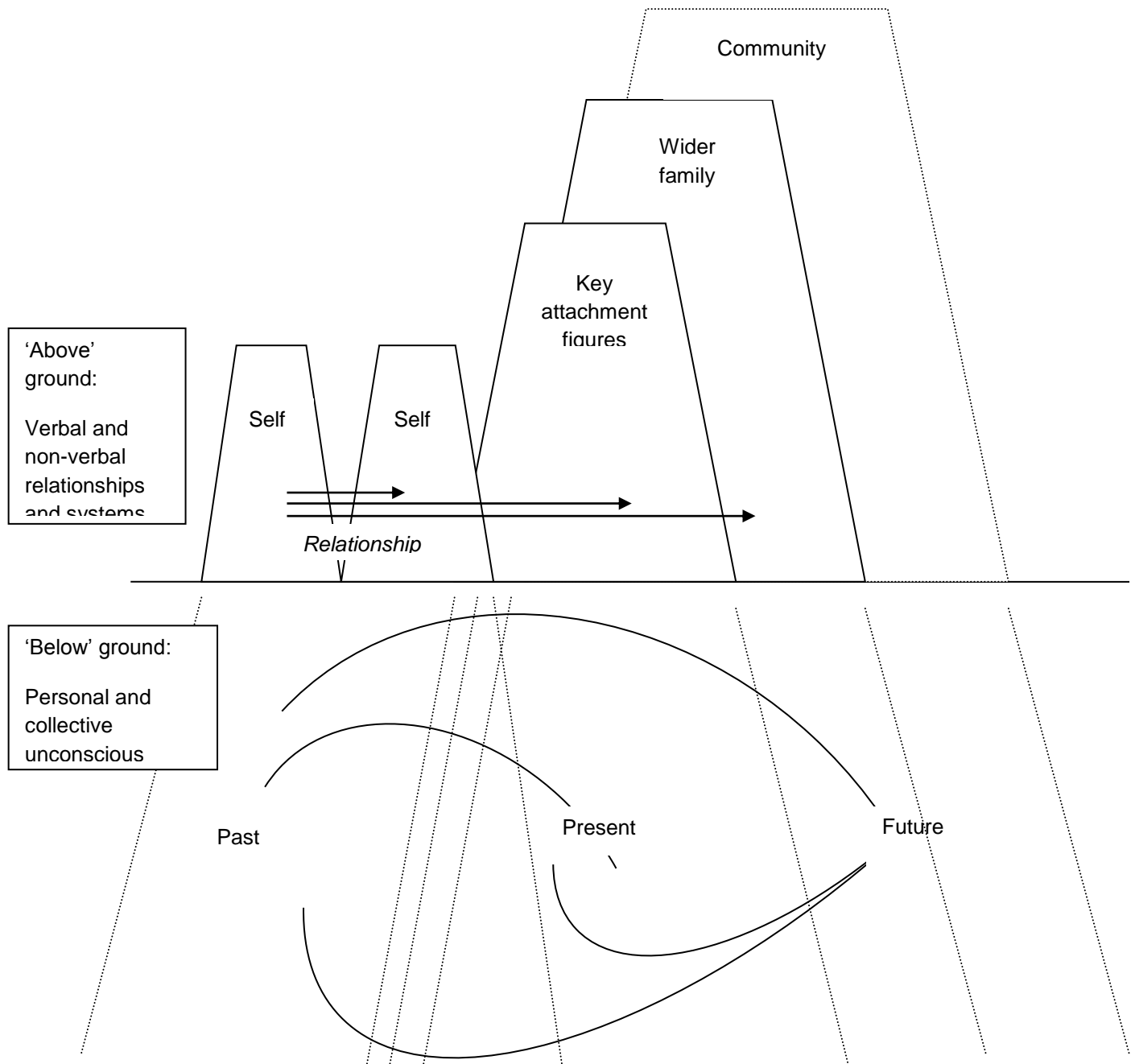
However, if I continue my tentative explorations linking scientific discoveries with my findings, how can I understand how people feel like they already 'know' poignant information when it emerges? Neuroscience has shown that tactile and kinaesthetic sensations guide early attachment behaviour as well as help to regulate the infant's behaviour and physiology (Schore, 2003). Therefore, the processes by which infants come to 'know' about themselves and the world are dominated by sensorimotor and emotional systems. Ogden et al. (2006) say that one of the components of sensorimotor processing involves 'inner-body sensation', which has also been called our 'sixth sense' or 'gut feeling'. So I wonder if it is possible that some 'family intelligence' about myths, secrets, beliefs or traumatic events can be passed

down through this body memory, thus accounting for 'unthought knowns' (Bollas, 1987) as well as my and others' physiological tingling at certain moments in therapeutic encounters. On the other hand, I question if it is necessary to objectively know how such a process may occur. Perhaps it is sufficient to acknowledge and honour the existence of a collective unconscious that may influence therapeutic work with genograms. This is in the same way that the phenomena of transference or parallel process are not fully understood, but are accepted as viable clinical events and actively used by many therapists to enhance their understanding of themselves, the client and the co-created process. This stance mirrors the paradigm shift in physics about the nature of what we can know, moving from measuring and knowing what is observable to understanding that subjective experience has a part in influencing this (Schwartz et al., 2005). Therefore, using genograms can be seen as essentially a constructed process, where the therapist and client become part of what is known. Therefore, maybe "if we accept the mystery, the effect can be very powerful" (Payne, 2005; p.6).

#### **4.4 Putting forward a new model of understanding and integration**

Through exploring and engaging with ideas and concepts arising from my project, I considered how to bring together my reflections and learning. I devised a theoretical model, shown in Figure 5 below, which I find helpful to integrate some key understandings. On this, I have illustrated my view of the conscious relationships and unconscious connections between an individual, their family and wider social contexts. This reflects Mindell's (2000) conception (based on quantum mechanics) that, as individuals, we are both separate from the whole and, at the same time, inseparable aspects of this same whole.

**Figure 5:** My proposed model for integration



To explain Figure 5 in more detail, 'above ground' there are the verbal and non-verbal relationships within the person (corresponding to intrapsychic processes) and between the person, their key attachment figures, wider family and the community (the interpersonal and contextual realms of relating). Although the focus of my research has been families, I felt it was important to include community here to show that family life also exists within a wider

context; other authors have look at these issues in more detail, for example the aforementioned Rigazio-DiGilio et al. (2005) who have developed specific community genograms.

I have separated out a person's key attachment figures because, based on neurobiological findings, I think the attachments between a child and their main caregivers are crucial in developing the child's sense of self, their ability to regulate their emotions and their contact style throughout life. As shown by research into the transgenerational transmission of trauma, it is through the complex and subtle patterns of communication within these attachment relationships that aspects of traumatic experience and disassociation can be passed between a caregiver and child.

But, in my mind, these interactions take place within the context of wider family history and dynamics, including the relationship between the parents, the attachment between each parent and any other siblings and between the child and their siblings and any other regular caregivers, such as child minders or grandparents. So I strongly adhere to Dallos's (2009) contention that it is important to have a more systemic view of attachment because children do not form the same attachment to different people. The child may hold different constellations of beliefs based on varied attachments and as influenced by family roles, stories, secrets and patterns of relating (including triangles) within the wider family as a whole. A more systemic view thus acknowledges the mutually influencing nature of families, where a 'reciprocal, circular (pattern of relating) involves all family members not just the mother and child' (Feldman, 1992). I also think it is important to reflect the situation of many modern families, where a child does not necessarily spend his first few years primarily with his mother (Gerhardt, 2010).

The 'below ground' part of my model is the NCR where we are connected through the 'roots' of a personal and collective unconscious where events in time are interlinked. Within what is shared, there are links within the different groups outlined above, being our key attachment figures, wider family and community.

In this part, it is possible to understand the transmission of unconscious family processes and intelligence which guide behaviour and emotions 'above ground' in the ways which I have hypothesised previously. These ideas might provide an explanation for how a mother's unconscious and that of her child are connected. So, as Dolto-Marette (1971) believes, the child knows, guesses and feels family events over two or three generations, in a similar way to Freud (1939) postulating the existence of 'reverents' or ghosts of previous family members. This could also be another mechanism by which unconscious transgenerational transmission of trauma occurs. In addition, in the context of my research, if using a genogram in one-to-one therapy allows access to this unconscious domain, it explains the power and impact of what can be revealed.

As a whole, this model helps me conceptualise what might be involved and evoked when using a genogram in therapeutic work with an individual. It brings together what I see as key ideas in individual, systemic and transgenerational therapy which I have drawn upon to understand different processes and ideas surrounding my research topic. Therefore, it builds on systems theory and family therapy by acknowledging the unconscious and extends attachment and intersubjectivity theories by emphasising the importance of how relationships develop within a systemic framework. It mirrors the trend for and urges further integration in our understanding of intrapsychic, interpersonal and contextual processes, showing how internal and external systems have a significant reciprocal influence on one another and how the unconscious plays a powerful part in these dynamics.

Indeed, what is important for me about my model is that it incorporates a sense of the known and unknown, maybe even the rational and the mystical. It reminds me of a recent edition of *Therapy Today*, where Van Gogh (2012) espouses the need to balance the scientific with what is poetic or soulful in therapy. Going back to our therapy ancestors who wrote and thought poetically whilst furthering scientific discipline, it is crucial in our identity as counselling psychologists to sit "somewhere between scientific psychology.....and the more creative realm of artistry, reflection and self-awareness" (Orlans & Scoyoc, 2009; p.vii).

Similar to my integrative framework outlined in Figure 3 above, relationship plays a key role in this model. However, whilst I think it offers new ways for me to view developmental processes within a wider context, I am unsure at this point how it fits with other aspects of my framework, such as the spiritual and temporal. It also does not show how the 'organising principles' (Storolow & Atwood, 1992) between a therapist and client may interlink. Therefore, I would like to take more time to consider how and if these models can be integrated further in a way which provides a larger integrating structure for my approach. But I am also aware that, as much as theoretical understanding is important, I also want to discuss the implications of my findings for the professions of psychotherapy and counselling psychology as well as myself as a clinician.

#### **4.5 Considering the implications of my findings**

##### **4.5.1 Family context matters and requires integration into therapeutic practice and thinking**

My findings show that context can be worked with actively and is meaningful and influential in therapeutic work with individuals. Whilst integrative psychotherapy and counselling psychology advocate the importance of working with a client's context and books about genograms say they can be used with individuals as well as families, no previous research has been conducted about their use within the therapeutic relationship and process with a single client rather than a family or couple. My research shows that using a genogram can help build the working alliance and facilitate therapeutic change, but it also has potential drawbacks and needs to be used sensitively and skilfully by the therapist. Therefore, I think there are the implications regarding the use of genograms and our consideration of (family) context as a whole.

My project provides practical answers to inform and challenge what we do, not just what we say we do. Hage (2003; p.561) states that:

“it is the social developmental, contextual perspective..... that we must embrace if we are to remain true to our roots and unique identity as counselling psychologists”.

However, I am confused about how counselling psychology and integrative psychotherapy engage with context or more systemic ways of working.

Within counselling psychology literature, I can find two main articles concerning counselling psychology and systems, both of which were written over fifteen years ago. Whilst Bor et al. (1996; p.240) state that systems is “both a school of therapy in counselling psychology as well as a meta-theory”, neither they nor Street (1996) elucidate how counselling psychology integrates, criticises or engages with systems theory more specifically from a theoretical or clinical perspective.

In other articles, such as Alilovic & Yassine (2010), the focus is on how counselling psychologists can work with families. But it is not clear if a systemic perspective is recommended in this regard or how/if counselling psychologists should be trained with specific skills in this area. Alilovic & Yassine (2010; p.340) convey uncertainty by saying:

“it is not the intention of the authors to imply that specialist training in family is not appropriate or necessary.....rather, it is our intention to broaden the scope of counselling psychologists and perhaps encourage the profession to adopt a view that working with families is not synonymous with ‘family therapy’ and an absolute requirement to complete an additional specialist training”.

In my opinion, it seems strange that counselling psychologists are required to ‘operate safely in a range of modalities’ including families (BPS, 2010), but systemic working is not always covered as thoroughly as other paradigms in all training programmes. Indeed, systemic theory is not consistently included alongside psychodynamic, humanistic and cognitive-behavioural traditions in the discussion of theoretical integration in counselling psychology. For example, it is given a chapter in Woolfe & Dryden (1996) and then mentioned briefly in

the opening chapter of Woolfe et al. (2010) as 'strongly emerging' with constructionist and narrative approaches.

I think that, in order for systemic thinking and the use of genograms to be fully integrated into clinical practices, it would be important to include theory and techniques as an essential element within counselling psychology and integrative psychotherapy training programmes. This could include each trainee collating their own genogram, so they can begin to explore their wider social context and how their family structure and history has influenced their identity. If this is done with a peer, this can also give a sense of working collaboratively on a genogram, where the other person reflects on what is revealed and helps them understand its meaning.

My sense is that this would provide a good foundation for starting to develop a systemic perspective on clients, which could be enhanced by teaching specific techniques and theory. In order to encourage reflective practice, I think it would be crucial to get trainees' feedback on how they might use genograms in their clinical work and include systems theory and ideas about context within their developing integrative frameworks.

Overall, my sense is that counselling psychology and integrative psychotherapy both need to review and re-establish their relationships with context and systemic working, both theoretically and clinically, so that they have a place alongside established ways of thinking and working. I have concentrated on counselling psychology here because it specifically "places importance on the context of the individual" (Alilovic & Yassine, 2010; p.333). I am surprised that it has not found more common ground with a systemic perspective, given that systemic approaches focus on the creativity and resourcefulness of clients in a way that is consistent with the values of counselling psychology (Strawbridge & Woolfe, 2003). From a theoretical point of view, I would have thought that, as integrative and reflexive psychological therapists with the ability to hold different polarities, integrating systemic thinking entails a (necessary) paradigm shift towards:



“conceptualising human behaviour in a fashion that integrates intraindividual, interpersonal, environmental and macrosystemic elements” (Kaslow et al., 2005; p.339).

In terms of clinical practice, whilst I would call for more research to specify the skills required by therapists to use genograms adeptly and the potential effects associated with working with a wider unconscious, my findings demonstrate the beneficial use of a holistic and relational tool that has the potential for quicker work by understanding the background underlying the client's distress. It builds on aforementioned research by Pinsof et al. (2008) to show the advantages of focussing on a client's relationships and their internal processes to facilitate therapeutic change. This may provoke the exploration of integrated approaches within research investigating what factors promote change in therapeutic work.

In addition, my findings are relevant within the current professional context of counselling psychology and integrative psychotherapy within statutory services, as highlighted in my Introduction. In my mind, whilst cognitive-behavioural therapy (CBT) aims to collect evidence to describe and challenge a client's current 'disordered' thinking patterns, using a genogram and systemic working can re-frame and actively address a presenting issue within a wider context in a way that is more empowering for the client. This represents an important philosophical difference where there is a focus on a holistic view of the person within their relational context rather than the treatment of symptoms that are seen as arising within individuals. Therefore, this approach is more in line with the humanistic values of integrative psychotherapy and counselling psychology.

I also believe that genograms can be used successfully in both short and longer term work in statutory services such as the NHS. Norcross (2011), in his research about what works in psychotherapy, recommends that practice and treatment guidelines should explicitly address therapeutic behaviours and qualities that promote a facilitative therapeutic relationship. My findings show that, even though a certain level of working alliance is required before

introducing a genogram, its subsequent use can help build the therapeutic relationship. As long as the therapist pays attention to the timing of the introduction so that some trust has been established, using a genogram in shorter-term work could further strengthen the relationship quickly. Additionally, in a similar way to CBT, the outcomes from a genogram are immediate. So, with the therapist appropriately pacing the work and monitoring the client's verbal and non-verbal responses, it is possible to understand the meaning of the client's presenting issues and thus focus the treatment direction accordingly. In longer term but perhaps still time limited work, a genogram can be used to deepen the client's process and level of exploration when the groundwork in the therapy and relationship has been fully established.

Therefore, using a genogram therapeutically is relational, collaborative and potentially successful in short-term work in the same way as CBT, but is also holistic and non-pathologising. My belief is that both are required within a responsive and pluralistic approach by psychological therapists in statutory services to ensure that therapy is adapted to the needs and specific characteristics of clients.

#### **4.5.2 Reflecting on the social embeddedness of our clients' subjectivity**

This section outlines some of my personal reflections regarding how we come to know about ourselves and what is experienced when using a genogram in a therapeutic context. It is perhaps the least academically supported part of my thinking in my thesis, but instead represents some nascent ideas in their emergent stages which I would like to begin articulating here.

In my Introduction, I mentioned the influence of constructionist thinkers such as Gergen & McNamee (2008) who are concerned with the 'social embeddedness' of a client's subjectivity. For me, my research has brought to the foreground the sense that our family injunctions, scripts, roles, relational patterns, secrets, bonds and myths, all of which make up

the character and culture of a family that has evolved over many generations, shape who we are, what we feel and how we behave as individuals. There is a suggestion that we are not as free to act as we think we are, but that we're carrying within us stories and experiences from our family that we're playing out unconsciously. Through speaking to my participants, it is the living sense of these influences which is what can be revealed and experienced in the moment when using a genogram with a client.

Through research and theorising, as clinicians we understand how some of these mechanisms for transmission might work, for example through the attachment patterns passed down between care-giver and infant or triangling. However, I am postulating that there might be other connections which may account for the phenomenon of anniversary reactions or Freud's (1939) sense of the 'reverents' or ghosts of previous generations: that the shadow of the past is present with our clients and guiding their behaviour in more subtle ways.

Therefore, the implication for my research is in highlighting to other therapists the importance of keeping one eye on the influence of a client's family and ancestral past as well as the immediate and often exclusive focus on parental or close care-giving relationships. My findings suggest that the first step is making these family connections conscious, and then processing the meaning for that person so they can make informed choices in the future. In this way, we can, as Schutzenberger (1998; p.3) puts it:

“regain our freedom and put an end to repetitions by understanding what happens, by grasping the threads in their context and in all their complexity”.

#### **4.5.3 My learning as a psychological therapist**

My research has opened my eyes to new aspects of therapeutic practice which I was interested in but did not have detailed knowledge of, for example using therapeutic tools as

part of the relationship and different ways of working with family context, such as systemic perspectives and techniques. Whilst paying attention to the client's system is just one part of my integrated therapeutic approach, my awareness of the potential influence means that I now ask about and consider the impact of each client's current, past and ancestral family situation. I also focus on relational change more than I used to, so I am curious about how my client's relationships contribute to what they experience as problematic and how any personal change may affect, and be affected by, the dynamics of their family system.

I use genograms quite regularly in my one-to-one work, although I tend to introduce them when I have built a sufficiently strong working alliance and if I feel there is something about the client's presentation that makes me wonder about their family role or relationships. I notice that I am very careful at pacing the work, but find that beneficial learning and processing often results.

I feel more confident in suggesting other tools (such as sculpting or lifelines) in my work with individuals and now co-facilitate a bereavement support group, where my awareness of group dynamics, roles and mutually influencing relationships has been very helpful. Therefore, overall, my research has expanded my knowledge and deepened my way of working as a psychological therapist.

#### **4.6 Personal and epistemological reflexivity**

As outlined in my Research Design and Methodology, I have focussed on personal and epistemological reflexivity (Willig, 2008) at different stages in the research process, so I am returning to them now in the final stages of analysis and reflection.

#### **4.6.1 Personal reflexivity: my experience of conducting this research project**

From a more personal point of view, I have enjoyed getting into people's worlds, being curious and reflective, in a different way to my work as a psychological therapist. I have drawn upon my clinical abilities whilst learning new research skills, so that I can now fully embrace my identity as a practitioner researcher (McLeod, 1999). This in turn has given me a more active and inquiring perspective to my therapeutic practice.

One of my main aims has been to connect to my topic area through my personal and professional interest in it, whilst remaining critically reflexive. I have definitely been aware of finding this more difficult at certain times, particularly when my participants became excited about the importance of family patterns. However, I think I was able to retain a questioning stance because I did not know much about genograms before I started.

I have also needed to balance a natural intrigue in the more mystical aspects of systemic work, for example transgenerational patterns, with a more pragmatic sense of their applicability and relevance within the average client's therapeutic work. Perhaps this mirrors the process of opening out wider and yet needing to focus on something meaningful which many of my participants talked about regarding the use of genograms; it is something about holding the part in the whole and the whole in the part.

I have found other parallels between my findings and my personal experiences of conducting my research. For example, doing my interviews and analysis, collating my findings and starting the write-up evoked personal responses in me about not feeling supported to do something I did not 'know' how to do. It felt like there was an objective truth or correct procedure out there which I had to grasp and if I did not, I would be getting something wrong. These are old, familiar stories for me.

But, as I went on, I found that I was learning to trust myself and my approach; I was starting to find my voice and confidence. At one level I suppose I had a previous understanding about the construction of knowledge. But this project has somehow given me a lived

experience of it where I have learnt that, if my subjectivity is acknowledged, it has validity. This has re-framed some of my childhood scripts and strengthened my sense of self. It made me reflect on 'knowing' as an objective exercise compared with the process of 'knowing' as a subjective experience. Similarly with genograms, they can be used to find out information, but it is the process which seems most poignant. In addition, in the way that genograms enable people to understand themselves differently by seeing a wider context, I have been able to react to my patterns differently because I have considered them with a wider lens.

I am struck at this point about the uncanny nature of some of these parallel processes. I have thought a lot about what it means for me to be doing this research in the context of my family history and I wonder if an awareness of my ancestors has been very present for me on this journey. I have recently learnt that shamanistic cultures undertake any piece of work as a service to 'All Our Relations', so perhaps I have been doing this for 'All My Relations'; I am one but I am part of a whole.

#### **4.6.2 Epistemological reflexivity**

Whilst holding these reflections in mind, I am also aware that my research contains one narrative which has been constructed within particular circumstances. Therefore, it is important to critically evaluate my findings as 'knowledge-in-context' (McLeod, 1999) so that I can demonstrate my adherence to Charmaz's (2006; p.183) contention that:

"when born of reasoned reflections and principled convictions a grounded theory that conceptualises and conveys what is meaningful about a substantial area can have a valuable contribution".

I have detailed below a discussion of the limitations of my project, followed by a summary of my ideas for future research within this area.

## Limitations

I am aware that my participants mostly use genograms in longer-term or at least open-ended therapeutic work. So my findings are likely to reflect the variables and influences at play when there is scope to introduce and work with a genogram at any point in a process that could continue for a few months or years. I can imagine that different factors might be involved or might be more important if they are used within shorter-term or time-limited therapy. For example, the therapist may introduce them in the first session, so there might be less consideration of the relationship and a greater focus on information gathering in order to direct the work quickly.

I interviewed therapists who had received training in individual and systemic models of psychotherapy because I wanted practitioners who had knowledge of and could hold intrapsychic, interpersonal and systemic perspectives on the client and their issues. They all had experience of and specific training in using genograms. Whilst my negative case analysis participant was not systemically trained, she had gained a systemic outlook from her social work training and had used genograms within previous social work roles. In this way, I have investigated the outcomes of both adopting a systemic approach and using genograms within this project. Therefore, I think that it would be important to know if a systemic viewpoint is required for using genograms, or if there are different ways of using genograms (perhaps by other therapists who are not systemically trained), so that it is possible to explore the influence of both factors in more detail.

Similarly, I sought participants who use genograms actively and regularly within the process of their therapeutic work with individuals. Therefore, I concentrated on clinicians who include genograms within their therapeutic toolbox because they find them helpful with some or all of their clients. In this way, my inclusion/exclusion criteria immediately precluded therapists who do not choose to use genograms. I think that, to get a full and robust understanding of the use of genograms in one-to-one therapy, it would be necessary to investigate why some

therapists do not continue to use them. It might be that they have experienced bad outcomes, such as the client finding the insight too exposing, as highlighted by my findings. Or it might be that therapists choose to work with family context in other ways or use other tools, such as sculpts or constellations. Thus, it would also be important to investigate why a therapist might suggest one tool over another and the circumstances in which this may vary.

Regarding working with context more generally, I did not specifically explore whether working with a client's family context might be more relevant in particular situations, or with certain presenting issues or clients. This would help elucidate when either using a genogram or working with family issues in other ways is more appropriate, thus providing recommendations for good practice.

In addition, whilst I concentrated on family context specifically as my particular area of interest, it is also possible to bring in other aspects of a client's context such as cultural, religious or wider community information. There remains for me a question about how to work with such diverse and abstract concepts that form part of the client's context in a wider sense and how to focus on specific issues to make them relevant to the client. I also wonder about where 'context' ends; how do we know where to stop including contextual information or when it is no longer important to integrate into our therapeutic work?

Looking at the demographics of my participants, I am aware that the majority were white, middle-class, middle-aged women (many of whom had a background in social work). That my sample was relatively homogenous and perhaps representative of the psychological therapy profession currently could be seen as a strength of the study. However, therapists of different ethnicities, races and/or cultures may have diverse views about family, ancestors and context and therefore work with them and/or use genograms very differently. This may be related to or disconnected from the make-up of their client group.

Finally, my research focused on therapists' use of genograms. So it only looked at a relational and collaborative process from one party's point of view. Investigating the client's



perspective would ensure a holistic perspective of the tool in therapeutic practice. Building on what has emerged from this study, I think that future research should include fully investigating clients' experiences of using genograms at different points in therapy and their view of any impact and contribution towards therapeutic change.

### Future research

Some ideas for future research naturally flow from acknowledging the limitations of my project. So, in order to investigate this particular topic area in full detail, it would be important to look at working with genograms and context from a number of different angles as suggested above.

I have also mentioned other proposals which follow-on from discussions about the implications of my findings at earlier points in my Discussion. For example, I have raised the need to consider the skills and experience required for therapists to use genograms and have a systemic approach in their work, particularly within counselling psychology training programmes. I also have a personal interest in investigating the impact of working with a wider unconscious in therapeutic work that recognises context as well as exploring the influence of relational and intrapsychic factors in therapeutic change.

From a wider perspective, there is a question about more flexible ways of working within different modalities. As mentioned in my Introduction and Research Design and Methodology, some systemic therapists will sometimes invite family members into sessions with individuals and/or conduct individual sessions with certain family members if required during family therapy. Whilst my project has specifically focussed on work with individuals in one-to-one therapy, this flexibility creates opportunities for new and interesting approaches. So I think both systemic and individual paradigms in psychological therapy could gain from research that investigates how and when a more flexible model can be used, the potential drawbacks and benefits for both client groups and any boundary/ethical issues.

#### **4.7 Closing remarks**

In this fourth section of my thesis, I have deliberated my findings from a number of different standpoints. My aim has been to be open and reflective about the potential meaning and implications of my research whilst acknowledging its contextualised nature. I would now like to pull together the threads of my project within my Final Conclusions.

## **5 Final Conclusions: Bringing it together**

It is challenging to know how to conclude a project which has formed a large part of my life and occupied my time, head and heart over the last couple of years, if not more in terms of when it first formed as a fledgling idea or fleeting intention in my mind.

With hindsight, the path which has brought me to this point makes sense. Whilst not always straightforward, I feel that this research has enabled me to bring together many experiences, thoughts, feelings and ideas that have formed during my development as a psychological therapist. It integrates who I am as a person and my view of the importance of our social and genetic heritage in forming our identity and influencing our experiences and choices. It has also enhanced my approach as a clinician as I have a more informed understanding of how to work actively with context as one of the key aspects of my integrative framework.

My findings demonstrate the strength and impact of using genograms and addressing a client's current and historical family context in psychological therapy. My research has implications for the wider field and counselling psychology and integrative psychotherapy specifically, which merit further research and discussion. I find that I have become particularly interested in the idea of the wider 'collective unconscious' and hope to explore this further from a personal and professional point of view.

I wonder if what I am trying to convey is that I do not see this as an ending, but anticipate debating my research and investigating this topic area further so that it continues to develop and evolve.

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## Appendix 1: Additional example of a genogram

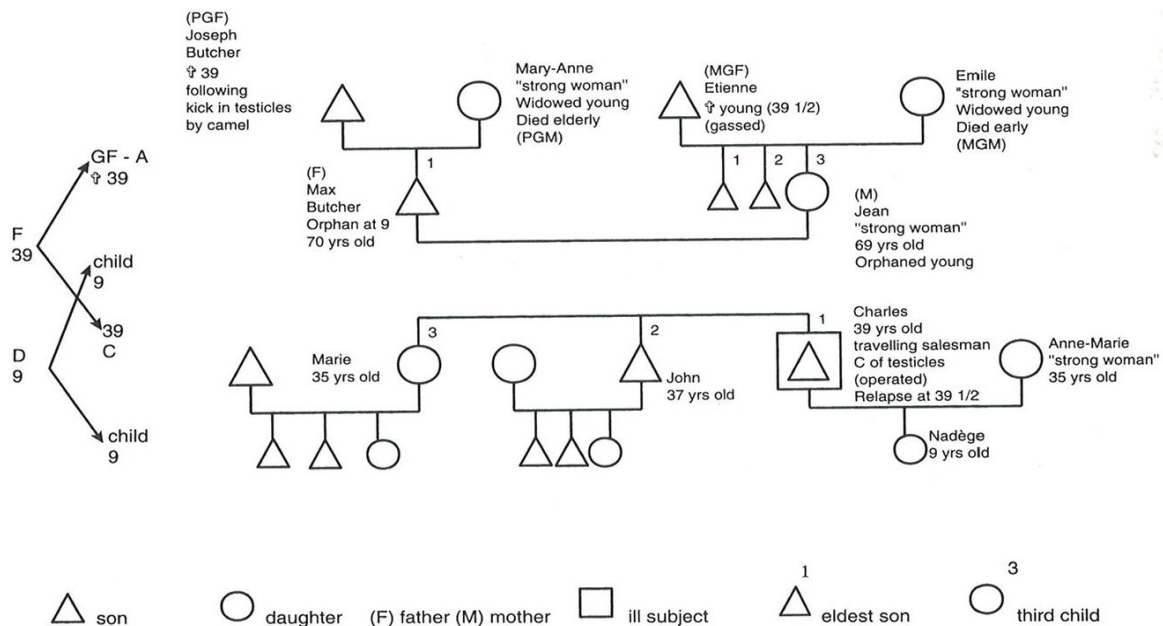


Figure 10.1 Charles's simplified genosociogram: double anniversary syndrome – repetition at father's same age (39) and child's same age (9)

This genogram example is taken from Schutzenberger (1998), page 95. I have summarised the case of one of her patients, 'Charles', a travelling salesman who developed cancer of the testicles when he was thirty nine years old. He was operated on and recovered, but six months later he relapsed with metastases in the lungs. He refused chemotherapy to treat this cancer in his lungs.

Schutzenberger collated his genogram and found that, going back beyond his mother (M) and father (F), his paternal grandfather (PGF) died at thirty nine years old after a camel kicked him in the testicles. His maternal grandfather (MGF) also died aged thirty nine and a half; he was gassed during the First World War. Therefore, Charles was afflicted in the same two parts of his body as his two grandfathers.

Even more bizarrely, when his paternal grandfather died aged thirty nine, he had a nine year old son. It seemed that Charles was also preparing to die at the age of thirty nine, when he also had a nine year old child. Schutzenberger notes the occurrence of this 'double anniversary syndrome', a double repetition of age (age of parent and age of child at the time

of a trauma or death), and hypothesises that Charles' experience may be linked to his grandfather's through some 'invisible family loyalty'. She adds that research looking at hospital admissions has shown that the concept of the anniversary syndrome is statistically significant.

## Appendix 2: My self-box

### Photos of my self-box



## Notes accompanying the development of my self-box (January 2011)

Capturing my thoughts in terms of my current role in my research project -

### Description

- Quite a large cardboard box – nothing specific about the cardboard, but liked the depth of the box
- Quite surprised chose such a big box, as would have thought that would choose a smaller, more compact box that didn't take up too much space. But big box felt right. Perhaps am seen more than I anticipate – or want to be seen more
- Covered the box half in a glossy, patterned paper and half in a plain pale pink paper – to represent how I feel I can be perceived differently - the paradox that I think I can appear strong and confident on one hand, but vulnerable on the other, or experienced on the one hand and young on the other
- I've also added eyes to show that I see, observe and am curious

### Contents

- Depth of the box corresponds to sense that I have deep feelings, like a true scorpio – am quite a complex character – have different layers
- I can feel safe inside too, in a way I don't on the outside sometimes
- Feet – I'm tired, have been studying a long time, but I will get there – one step at a time
- Heart – I want to do something that I am passionate about for my research and in my job as a psychological therapist – I am excited about my research
- Head – I need to keep my head as well – reflect on what I'm doing and my part in it – critical reflexivity – I am bright and like using my head – heart and head need to be integrated
- Genogram of my family – they are part of my journey to do this research – it comes from a personal interest – wish to integrate those people back into my life and my family tree
- Pound coin – to remind me that what I want from my research is for it to be of value – stand up and talk to others about it – let it lead me into something new and meaningful
- Two people walking on the wall – that I can feel not very confident in myself & my abilities – at that time, I call on someone else's support – know I am looked after – more transpersonal element
- Scrolls of first degree & UKCP – to remind me that I am capable – I have my intelligence, previous research experience & clinical skills to draw upon
- Ring – my personal life – my impending marriage – how we will continue our life together and create a new chapter in our families' histories
- Tree of life on the wall – this is one part of my personal growth as a person and therapist – I am also one part of my family tree
- Box is big so it is not full inside – shows that I can grow, I have space, I like my own internal space
- Also some in unknown – like my research feels at the moment

### **Appendix 3: Participant recruitment advert**

#### Invitation to participate in my research about the use of genograms with individuals

As part of my Practitioner Doctorate in Counselling Psychology and Psychotherapy (at the Metanoia Institute), I am conducting an exploratory study to investigate how therapists use genograms as a therapeutic tool with individuals in one-to-one therapy. I am particularly interested in the process of using genograms with individual clients as part of the therapeutic relationship.

I chose this research topic because the exploration of how my own family and ancestral history influenced my self-development has been an important part of my therapeutic journey. This personal interest led to a professional curiosity about how family and systemic issues are considered and incorporated into therapeutic work with individuals.

I am looking for participants who would like to contribute and discuss their experience with me within an informal, semi-structure interview.

I am specifying that participants –

- Are a BACP, UKCP or HCPC registered psychological therapist/counsellor
- have a minimum of 3 years post-qualification experience
- have received some formal training about both systemic and inter-subjective/interpersonal theory and practices
- work relationally with their clients
- use genograms regularly with individual clients as part of the process of the therapeutic work

If you would like to find out more or are interested in participating please contact me at [Rosanne.Stabler@yahoo.com](mailto:Rosanne.Stabler@yahoo.com) or on 07875 XXXXXX



#### Appendix 4: Ethics approval letter



13 North Common Road  
Ealing, London W5 2QB  
Telephone: 020 8579 2505

Facsimile: 020 8832 3070 w  
[www.metanoia.ac.uk](http://www.metanoia.ac.uk)

Rosanne Stabler  
15 Earlston  
Grove London,  
E9 7NE

4<sup>th</sup> February 2011

Dear Rosanne,

**RE: 'An exploratory study to investigate how therapists use genograms as a therapeutic tool in dyadic therapy'**

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please discuss these with your research supervisor in the first instance, and inform me as Chair of the Research Ethics Committee.

Yours sincerely,



Dr Patricia Moran Research Co-ordinator  
Chair of Metanoia Research Ethics Committee

## **Appendix 5: Participant information sheet**

### **An exploratory study to investigate how therapists use genograms as a therapeutic tool with adults in one-to-one therapy**

**A research project conducted by Rosanne Stabler**

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#### **PARTICIPANT INFORMATION SHEET**

**Date: 14.7.11**

**Version: 1.6**

Dear Prospective Participant,

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you

#### The purpose of this study

This research is being conducted in part fulfilment of my Doctorate in Counselling Psychology & Psychotherapy at the Metanoia Institute. It arose from a personal interest and professional curiosity about how therapists take account of a client's context, particularly their family history, in one-to-one therapy. Therefore, the aim of my study is to explore therapists' use of one particular therapeutic tool, the genogram, with adults in one-to-one therapy.

I anticipate that my research will be completed within 11 months, with participant interviews taking place for 6 months from February 2011.

#### Selection of participants

As well as advertising in known therapy journals, I am contacting therapists within training and accreditation organisations to invite them to participate in my research. I am specifically looking for HCPC/BACP and/or UKCP registered psychological therapists who can fulfil the following criteria:

- A minimum of 3 years post-qualification practice
- Have received some formal training about both intersubjective/interpersonal and systemic (including genograms) theory and practices

- Work relationally and use genograms regularly with individual clients as part of the process of the dyadic therapy

I will be interviewing at least 9 other therapists within this study.

#### Agreeing to participate

It is your decision to participate in this study. If you do decide to take part you will be asked to sign a consent form. I will then give you a copy of the signed consent form and this information sheet to keep. You are still free to withdraw at any time, without giving a reason.

#### What taking part involves

If you agree to take part, the study will involve discussing your clinical experience of using genograms with me within an informal, semi-structure interview lasting approximately one hour.

With your consent, I shall record our discussion. Having transcribed and analysed the interview, I may contact you to ask some clarifying questions. I will also inform you about the main themes which have emerged and ask for your comments. I am happy to send you a draft of the final report, if you'd like to read it.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

#### What may arise from your participation

There is no known risk from participating in this project. However, you may find that certain thoughts or emotions are raised during or after our discussion. Therefore, I will ensure that you have personal and professional support to draw upon if this should occur.

Whilst there is no intended benefit to any participant taking part in this study, I hope that you will gain something from our discussion about an interesting topic area.

#### Confidentiality

All information that is collected about you, your clients (and their family members, if discussed during our interview) during the course of my research will be anonymised and kept strictly confidential. Any information about you which is used will have your name and address removed so that you cannot be recognised from it.

I can confirm that all data will be stored, analysed and reported in compliance with UK Data Protection legislation.

#### The results of the study

My research has been reviewed by the Metanoia Research Ethics Committee.

It will be published by the Metanoia Institute in part fulfilment of my Doctorate (estimated: January 2012).

Thank you for participating in this study.

If you require further information, please contact me at Rosanne.Stabler@XXXX or on 07875 xxxxxx. You can also contact my research supervisor, Vanja Orlans (Head of the DCPsych Programme) at Metanoia Institute, 13 North Common Road, Ealing, W5 2QB (020 8579 2505).

## Appendix 6: Participant consent form

### **An exploratory study to investigate how therapists use genograms as a therapeutic tool with adults in one-to-one therapy**

**A research project conducted by Rosanne Stabler**

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#### **PARTICIPANT CONSENT FORM**

**Participant Identification Number:**

**Please initial box**

- |   |  |                          |
|---|--|--------------------------|
| 1 | I confirm that I have read and understand the information sheet dated .....for the above study and have had the opportunity to ask questions.  | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided. | <input type="checkbox"/> |
| 3 | I understand that my interview will be taped and subsequently transcribed  | <input type="checkbox"/> |
| 4 | I agree to take part in the above study.   | <input type="checkbox"/> |
| 5 | I agree that this form that bears my name and signature may be seen by a designated auditor.   | <input type="checkbox"/> |

Name of participant	Date	Signature
Researcher	Date	Signature

1 copy for participant; 1 copy for researcher

## **Appendix 7: Interview schedule**

### **An exploratory study to investigate how therapists use genograms as a therapeutic tool with individuals in dyadic therapy**

**A research project conducted by Rosanne Stabler**

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#### **SEMI-STRUCTURED INTERVIEW SCHEDULE**

##### **Before the interview**

- Send them the information sheet
- Confirm they meet my eligibility criteria
- Take two consent forms, participant info & details of participants sheet with me

##### **At the beginning**

- Outline the background and aim of the research (*including more personal point of view*) and the interview process
- Outline have questions within three themes – personal experience & training, what understand from a genogram, how use within therapy – will be asking for specific client examples – I might ask very simple clarifying questions
- Ask the participant to read the participant information form and consent form
- Explain about confidentiality, consent, right to withdraw, data storage – also that I might return to ask clarifying questions
- Confirm that I will be recording the interview
- Offer for them to sign the consent form if willing to participate; leaving copies of the consent & participant info forms for the participant
- Gain participant info
- Ask: Do you have any further questions about the research before we start the interview?
- Did you have any particular reasons for wanting to participate in the research?

### **Personal training and experience of genograms**

- What has been your training in intrapsychic/interpersonal and systemic theory and practices?
- What aspects from each do you refer to/draw upon mostly as a clinician now?
- How do you integrate them when working with individuals in dyadic therapy?
- When did you first start using genograms?

### **Using genograms with clients**

- Why do you use genograms in your work with clients?
- Do you use them with all your clients, or just certain ones, and what influences this decision? Are family/systemic issues more significant for some clients than others?
- How do you use a genogram with a client? What influences this?
- If you didn't use a genogram, would you use another therapeutic tool to work with/explore the client's system?
- What would be the impact if you didn't use genograms with your clients?
- Do you always share what you notice about your client's genogram/system? If not, why not?

### **What you understand about your client from a genogram**

- What information does a genogram give you about your client?
- Is there anything that you particularly focus on? E.g. anniversary reactions, key themes (loss, anger, attachment), transgenerational trauma, Bowenian concepts (triangles, cut-offs), current or ancestral history
- How does the information in the genogram contribute to your understanding of the client, their presenting issues, and how you work with them/the direction of therapy?
- Can you give an example?
- How do you think about the client's family system and its influence on their intrapsychic & interpersonal life - developmentally and in the present?

### **Using genograms with clients within the therapeutic relationship**

- When do you use a genogram in the therapy session/course of therapy with a client?
- How do clients respond to the introduction of and use of the genogram?

- Can you describe one example of your work with a client within the last 6 months: how you've used a genogram together, what you learnt from it and how it has influenced your work and the therapeutic relationship
- Have you have ever experienced any counter-transference/parallel process regarding your client's family when using genograms as part of your work with a client?

## **Conclusion**

- What has been your experience of participating in this research interview?
- Has anything come up for you which you'd like to discuss?
- Ask if they have personal or professional support – if required to talk over anything which came up for them in the interview and/or afterwards
- Are there any comments that you have made which you would not like included in the research?
- Do you have any further questions before we end?
- Direct their attention to my contact details and explain about the process of the research from here & that I will be contacting them again to verify the main themes of our interview. They can also request a copy of the final study when it is finished
- Do you have any books/journals you recommend I read?
- Are there colleagues/organisations you recommend I contact to participate/advertise for participants?



## Appendix 8: Extract from a transcript

Interview transcript	
Speaker	Transcription
RS	wow, mmmm
Participant	you know there are three children, um, so she's also got her mum's family and her dad's family and then there's the grand-parents, three lots of grand-parents, you know, four lots of, so just all of that and how she has to kind of adapt and change to wherever she is so it brought in elements of you know just that her narrative was very incoherent initially and a lot of the work's been about trying to get some kind of coherence and, and help her make sense of her own kind of story
RS	and how does a genogram help that narrative?
Participant	well, I think it brings out lots of different patterns to it, so I think it shows, it shows, with her particularly so there is an addictive pattern and her sister's very influenced by that and her brother and she's managed to kind of protect herself from that, so there's thinking around that, there's ummm issues around class because she comes from a very sort of working class quite deprived background in terms of her birth family and then what it means to be adopted into a very, quite wealthy middle class family um, very affluent and with generational money and what that means for her
RS	Mmmm
Participant	educationally, there's issues around her family not, not, her birth family not having any kind of aspirations educationally, whereas the birth, the adoptive family obviously there's very different patterns in that
RS	Mmm
Participant	and they want achievement and they've had to adjust to having children who aren't particularly going to be academic and
RS	Mmm
Participant	umm, there aren't issues of race they're all kind of white British I think
RS	mmm ( <i>starting to speak</i> )
Participant	so I think the genogram can bring out lots of different elements of difference and story
RS	there's a lot of social and cultural factors there as well as family
Participant	yeah, yeah, so I think for that, for that particular one.....and I think that's what they do isn't it? They, the genograms are very kind of visual, well they're pictures aren't they of a pattern
RS	Mmmm
Participant	and it can be historic and it can show, you know some families have a remarkable history of loss in them don't they?
RS	Mmm
Participant	so you can, when you draw it out, you see that actually all the men in this family die young or you know or there's a history of cancer right through or you know, that's a lot of what you pick up and a lot of that then informs what people carry at an unconscious level I think, you know
RS	mmm, so how does that help inform your work with a client if you, say, notice a pattern like that?

Participant	well I think it just means that you can then start to think about it and talk about it in terms of how it then affects them internally in terms of their feelings about themselves, you know it might be to do with their own self-worth as a woman in this family or it could be the constellation around siblings, you know being the third child um, you know I've got one woman at the moment, when we drew it out, um, a whole story came up about her being the wrong baby
RS	Gosh
Participant	which was quite, we actually did it quite a way into the therapy and she, she started to cry and she said actually they wanted a boy
RS	Mmm
Participant	and her grand-parents had told her that you were the wrong baby, you weren't wanted
RS	ooooooo ( <i>sounding hurt</i> )
Participant	you know, they wanted a boy and she'd spent her whole life being a boy
RS	Mmm
Participant	for her dad, and all of them came up from drawing it out um, and then you have a lot of material to work with don't you, you know for quite some time really, and then, and I think also it enables people to think actually I can go away and talk to my family about this, this isn't just about me, this isn't about me carrying this, this is actually about all of us as a family carrying on with this story and having family scripts or myths or traditions and I think it, I don't know, I think it almost allows a kind of sense of being able to challenge things, you know, because you get a sense of it not all coming from you, you're not necessarily the wrong baby, someone told you you were and you can actually shift ideas of responsibility and
RS	so there's something about de-personalising it?
Participant	I think a bit, yeah, I think a bit about, well I think just acknowledging that you're part of you know, you're part of lots of different systems aren't you? You know family and society, you know you can have a genogram around work can't you? And what your role is in work it doesn't have to be a family, I mean it's mostly a family on there, but you could look at work patterns and who are you? well, that's more group work but you know in terms of drawing it out and doing eco-maps and things like that
RS	Mmmm
Participant	and where are you main? you know, what are your main influences, what are your main pre-occupations?
RS	Mmm
Participant	you know, which, you know, I think is very empowering actually, I think it can be quite over-whelming at times like seeing stuff like that, but you can start thinking outside of your own head really you know
RS	and what happens if you notice if a client feels a bit over-whelmed with what might have been emerging?
Participant	well I think it's you know, you can kind of acknowledge that and think about it and think how they've, that might be what they've been carrying for years but you know, and try and then work with that and think about, and you can use it to focus as well, if it feels over-whelming, ok well what can we focus on?
RS	Mm
Participant	for the next session or the rest of this session, shall we talk about this or that bit and kind of break it down and help it become manageable, you know, um, in that sense

RS	cos I can imagine that it, you know when you've discovered lots of different things and yet the client came with a particular presenting issue like how would you then manage how to focus on that or perhaps divert somewhere else?
Participant	I mean I suppose it usually just is part of the flow of the session isn't it?
RS	Mmm
Participant	it never feels kind of artificial, I mean I don't, I don't, I don't tend to work that way anyway, I think it's whatever the client brings and you know it's to do with working collaboratively isn't it and thinking about what they want to work on and I guess what it does is it gives a client who may have been feeling over-whelmed and out of control a sense of oh actually I can have some control over this, I can choose it, I can make choices about what I want to talk about, I can make choices about what I want to do about it
RS	Mmmm
Participant	if I want to do anything, um so it starts to I think help with, you know, I mean just the whole of therapy I mean it's, it's part of the way of working integratively isn't it, it just all fits, it's holistic I suppose isn't it?, it's all part of them, you know, there might be a family where everyone's ill you know and the family culture is that you get sick to get attention
RS	hummm ( <i>smiling</i> )
Participant	and if you point that out, then you can do something about it and make a choice about that can't you?
RS	have you ever had any adverse reactions from clients when they've found things out?
Participant	no, no, it's interesting isn't it? cos there's lots of programmes on the tele at the moment aren't there? About 'Who do you think you are?' and all that and they're all fascinating for people aren't they I think and I guess they're not, it's not that you have an adverse reaction is it? it's just that you may become distressed or upset um, I've never known anyone kind of be kind of angry or rejecting, it's always been about maybe been quite moved or touched or sad
RS	Mmm
Participant	you know it always evokes an emotional response but it's quite, um, I suppose it's like if you, if you, like if you do family sculpts or whatever, you know, they can be very, very powerful can't they? And I think what I've found is that you can almost do that with an individual in the room can't you? you can kind of use them, and we've used um chairs or we've used figures, like what would your family look like? and picked up and set them up and that makes it again very concrete well actually it shows that mum's way over here cos she's never home and dad was always the one who, you know so um, so I've used those as well, you know like little figures
RS	it's a bit like a family constellation I guess isn't it?
Participant	Yeah
RS	but without the people
Participant	yeah, and I think it just works really well, I mean obviously, you know, you can actually say well what do you think you'd have to say now, what do you think, and you can do all of that can't you? The kind of circular questioning and
RS	Mmmm
Participant	and obviously it's all from that person's point of view, but, um
RS	so when might you use a genogram as opposed to perhaps sculpting or an eco-map or any of those other tools?

Participant	Uh, I think quite early on just cos it's such a, it's quite a safe thing to do isn't it? It's quite you know, you've got a piece of paper and you can just draw it out and get some names in and do in quite a curious way cos you're just sort of being and trying to find out who are the important people, so I find it actually it's not, it's quite an unthreatening way of getting a sense of who's who, I mean I don't always use them cos some people just come in and blurrrh (motioning being sick)
RS	( <i>smiling</i> )
Participant	you get the lot don't you, but, sometimes, I tend to use them when the story is very incoherent and the timelines don't make sense and there's a lot going on and it's all quite jumbly and you have those sessions where you think my god, you know where it's really hard to think for yourself and you're thinking gosh, this is what this person experiences all the time
RS	Mmmm
Participant	they're completely over-whelmed by information and um, you know, stories and other people's lives, they're completely full of other people's stuff and I tend to use them and say come on let's think about, ok this is you, and then kind of map it out so, so, it's kind of quite grounding I think
RS	so that's helpful for you and the client?
Participant	yeah, cos it helps start to sort things out and put things in a pattern
RS	mmm, mmmm
Participant	um, I might use a lifeline drawing as well so that there's a sense of starting to do something chronological cos I don't know a lot of clients that I see is quite, everything is quite mixed up and confusing sometimes
RS	Mmmm
Participant	so, I suppose that's when I tend to use it when there's a need for something to kind of settle
RS	and does, so would that be in the first few sessions or you mentioned one you did with a client later down the line?
Participant	yeah, I think, um, you know cos therapy doesn't go in a smooth line does it? It's like that ( <i>motioning a spiral across</i> ) ( <i>laughing</i> )
RS	( <i>laughing</i> ) yeah, spiralling round
Participant	yeah, it kind of, and you can have, you know, times where things start slotting into place and make sense and then others where things come up that are quite confusing and more kind of tumultuous really
RS	Mmmm
Participant	so I might kind of use it then, um, yeah and this client um it was quite, she'd come in with quite a clear story for quite a long time, um, and you know about a year in really I think, about a year in and then everything started to get quite over-whelming, her work was quite over-whelming, she was working in a school with really difficult kids and her family life's very, very complex, her story um, but things sort of got, and we just kind of, and I've always, and I realised in supervision, I thought gosh I really keep losing who's who in terms of her family and you know my supervisor said, why don't you just do a genogram
RS	( <i>smiling</i> )

Participant	a really big one, and I did, I got this huge sheet of paper and we did it um, on the floor and she's actually doing training to be a movement therapist so she's quite into doing something and being quite active in a way, so we were on the floor drawing it out and it, it, it really helped because I said I keep forgetting which grand-ma's which, which one has died, which hasn't died, which one's sick and it was, I think it was indicative of what was going on very much for her
RS	Mmmm
Participant	and um, and we drew it all out and then actually part of what came out of that was quite a, a really strong pattern of abuse actually, not overt abuse but very kind of controlling men, very.....and women being quite mad, and um not having self-esteem, not having autonomy and at the moment where she's at is realising that her relationship with her partner is like that
RS	Mmmm
Participant	and it's, and she hasn't told me anything about it and now there's lots of stories coming out about abuse which she has spent 18 months not telling me about and not acknowledging
RS	Mmmm
Participant	so it's quite interesting isn't it what, you know, when you can see stuff, I think that's what made her say oh actually, she broke down and said, I'm in that now, I didn't know, she'd painted a very different picture of her relationship
RS	so actually it reveals something that might not have come out otherwise or
Participant	yeah, I think so, or we would have just kept going round and round in a bit of a whirlwind really

## Appendix 9: Extract from my analysis of a transcript

Interview transcript and coding					
Row	Speaker	Transcription	Initial thoughts/transference	Initial code	Focussed code
96	Participant	um, it's all sorts of different things would come up for them		genograms raising different issues for different clients genograms raising a variety of issues finding it difficult to clarify what comes up most frequently for clients flexible use of a genogram	genogram raising different issues for each client
97	RS	have you got any examples of that?			
98	Participant	um, I remember doing a family tree with somebody and then saying right let's, let's map, not just who's in the family but the kind of different relationships and different feelings connected to different members and I might say take the theme first of all of anger and we'd colour code it, so right, who's the person you're most angry with, from you to them, do that, ok		mapping more than who is in the family mapping family members and relational connections mapping the family members, the client's relationship to them & the relationships between them using colour in a genogram focussing on themes exploring different themes colour coding the genogram for themes	mapping relational patterns & emotional connections
99	RS	uh-hum			
100	Participant	right, second most angry, blah, blah, blah, so who's the person you trust most, and we're mapping it on the family tree and then from there, they can clearly see patterns, oh the person they trust the most they can be the most angry with, or, or, they can't be angry with		mapping who the client trusts seeing patterns clearly in the genogram gaining realisation about family members	seeing patterns emerging on the genogram
101	RS	mmmm			
102	Participant	so it actually helps them to see, not just who's there but how they feel about it, what they communicate, and they're quite surprised sometimes when they look at that, sometimes not, but		"helping them see not just who's there but how they feel about it" enabling the client to see who's in genogram & how they feel about it associating family members with feelings understanding family members, feelings & communication patterns being surprised at what emerges clients being sometimes surprised, sometimes not	"helping them see not just who's there but how they feel about it"
103	RS	mmm			
104	Participant	but it's like, oh, who gets left out, mmmm, you know so, I think visual information is very powerful		"who gets left out" "visual information is very powerful" allowing client to see who is not included visually allowing greater insight insight gained visually	paying attention to who gets left out "visual information is very powerful"
105	RS	mmm, because?			

106	Participant	because you see it, it slows your thinking down, it becomes very alive in front of you		seeing visually slowing thinking down "it slows your thinking down" "it becomes very alive in front of you"	"it becomes very alive in front of you" "it slows down your thinking"
107	RS	mmm			
108	Participant	I use quite a lot of visual, cos just talking isn't always the best thing	why not? When is it not?	"talking isn't always the best thing" using visual aids regularly using visual tasks in therapy finding visual tasks useful	"talking isn't always the best thing for some people"
109	RS	mmmm			
110	Participant	for some people		talking not the best mode of communication for some people being aware of different modes of communication	
111	RS	mmm			
112	Participant	so, I think it's very powerful for them		visual means very powerful visual communication very powerful visual more powerful for some clients	
113	RS	so there's something about seeing it all there in front of them that			
114	Participant	mmmm, mmm			
115	RS	that perhaps helps them understand rather than like you say just talking face-to-face			
116	Participant	it does, it helps you to connect, I mean when we did our training, we had to, we always had a small group of, ahh no this was in supervision, but, regardless in training and in supervision, there's was always a small group of four and at different points, we'd have to do our own family trees		being visual helping make connections helping make connections making connections visually rather than face to face working in a small group in training & supervision doing her own family tree in training & supervision doing her own family tree at different times	visual helping make connections
117	RS	ok, and how was that?			
118	Participant	hard	I'm interested that she's using the term family tree more than other participants	doing her own family tree was hard	doing personal genogram was 'hard' and 'personal' being fearful of what may emerge in personal genogram
119	RS	wow			
120	Participant	very hard, very personal, and very hard, and that's the absolute reason for doing it, but people in the group would then make connections for you, well look at this and look at that, and you'd think oh god ( <i>laughing</i> )	is this taken account of enough when doing genograms with clients?	therapist completing her own genogram therapist finding completing her own genogram 'hard' and 'personal' other trainees making connections in therapist's genogram being afraid of what might emerge in the genogram emotional reaction of what might emerge in the genogram	

121	RS	(smiling) so wow that was quite an experience then?			
122	Participant	yeah, but we got used to doing it, but it was important to do that, so we know what it feels like		"getting used" to doing a genogram being important for therapists to do their own genogram therapists understanding what it's like to do a genogram therapists having personal experience of doing a genogram "knowing what it feels like" important for therapists to do their own genogram therapists understanding the client's experience	therapists having personal experience of doing genograms important
123	RS	well, yes, I'm sure and does that experience then influence how you are when you're doing it with a client?			
124	Participant	well that's, yes it does, because you realise that what we might do in a blase way, for them could have some great big shocks, especially when you're doing it with a family	there's a sense of the impact of a genogram and yet she's not really talking about that	personal experience of doing a genogram influencing how approach work with client being mindful of personal experiences when working with a client being mindful of a genogram's impact on a client "what we might do in a blase way" a genogram "could have some great big shocks" genogram especially shocking with a family	personal experience influencing approach with a client therapist not realising possible impact on client
125	RS	why especially?	why did I ask about families here and not about the big shocks? Some way in which I am colluding with the transference to not ask about this?		
126	Participant	because different family members hold different bits of information		different family members holding different pieces of information	
127	RS	I see			
128	Participant	and suddenly you've got "I didn't know there was that child over there" ( <i>in a heightened voice</i> )		genograms prompting family disclosure family members finding out unknown information	
129	RS	wow, so actually it really reveals.....			
130	Participant	it can do, it can do, you've got to be very, very careful		being careful working with families being careful about what is shared with families being careful about what might come out with families	
131	RS	mmm			
132	Participant	can't happen with individuals, but with families???	why do some systemic therapists work with individuals and some don't? But personal exploration after a genogram might prompt disclosure?	possibility of shocks with families more than with individuals unknown information more likely to be shocking in family work	



133	RS	mmm, yes I can imagine that might be a bit of a..... ( <i>smiling</i> )			
134	Participant	it is, an eye opener	how is that managed in the process? How does that impact on the work? Can that set the work back?	doing a genogram with families can be an eye-opener	
135	RS	so how, when you did your genogram what did you find? you said it was very personal, so how did that impact on you?			
136	Participant	well it makes you think, I think it shifts your thinking, you have in your head ideas about your family and your relationships and it's like in any therapeutic situation, when somebody asks you a question you can get thrown, because you've got this kind of idea straight forward idea, and then this question shifts your thinking, oh I hadn't thought of that, I hadn't realised that	some under-current about it being dangerous	personal genogram "shifts your thinking" "you can get thrown" insight throwing someone off-balance insight can be off-putting being asked questions shifting previous understanding changing previous understanding of family & relationships "I hadn't realised that" realising new things about family	personal genogram "shifts your thinking" possibility of getting thrown by realisations from personal genogram
137	RS	mmmm			
138	Participant	it's very strong and some people get more shocks than others		"it's very strong" "some people get more shocks than others"	impact can be "very strong" & 'shocking'
139	RS	what do you mean by that?			
140	Participant	well, I think it's, as family therapists, there is not a prerequisite to be, to have had one's own therapy		personal therapy not compulsory for family therapists family therapists not necessarily aware of their personal resonances	postulating a correlation between level of personal awareness & impact of genogram
141	RS	Right			
142	Participant	um, so some people didn't know themselves as well as others		differing levels of personal awareness	
143	RS	I see			
144	Participant	some of us had had analysis because we'd done a different training, so we didn't have such great big wingy, dingy surprises, well I don't know		correlation between personal therapy & surprises using a genogram personal awareness influencing impact of genogram?	
145	RS	( <i>smiling</i> )			
146	Participant	I can't really comment ( <i>smiling</i> ), but there is a big difference	what does she mean here? Big difference between those who had and didn't have therapy?	"big difference" between therapists who have and haven't had personal therapy	
147	RS	yeah, so it's about that awareness really, personal and systemic			
148	Participant	mmm			

149	RS	and you said that it might be very revealing for a client as well, how do you manage perhaps you know some of the emotional sides of that, in terms of, if they do see something that they haven't known or realised before or?			
150	Participant	I suppose the management side is the containing, containing their feelings, helping them to talk about them and explore them and taking things slowly, if needs be, um, allowing anger if needs be, but not loss of temper, you know all of that, it's just working with them in that sense	does she mean in the relationship as well? How the client feels towards the therapist?	containing the client's feelingsexploring the client's response to a genogram"taking things slowly"allowing the client to express their feelingsallowing anger but not loss of temper	containing the client's feelings in response to a genogramhelping the client express & explore their feelings"taking things slowly, if needs be"
151	RS	mmmm, so have you ever stopped a genogram if it's too much or?			
152	Participant	have I ever stopped one? No. The client might say to me, I don't want to do anymore now		never having stopped a genogram client choosing not to continue with the genogram not continuing with the genogram following client's feedback client dictating progress with the genogram	client choosing to halt the genogram
153	RS	mmm			
154	Participant	ok, that's fine, I'll keep it here and we can re-visit, no problem	maybe the client won't want to re-visit? Does she explore what is happening, why the client doesn't want to continue?	leaving it open to re-visit the genogram therapist keeping the genogram until client wants to re-visit putting the genogram aside	leaving it open to re-visit the genogram
155	RS	and would you? When would you tend to re-visit?			
156	Participant	I go by their material not mine		client choosing whether to re-visit the genogram "I go by their material not mine" asking the client if they want to re-visit the genogram	re-visiting "I go by their material not mine"
157	RS	so when it might feel right to go back to that or another issue?			
158	Participant	yep... I mean I don't have an agenda for anything that comes into the room, if I've set them homework outside uh, I will always check if they've done it, if they've not done it, why not? Cos that's just as important, but I don't actually have an agenda		not having a set agenda therapist not having a set agenda for what emerges therapist being open to what emerges in the process following up on completion of homework exploring why homework is not completed	not having an agenda for what emerges in the work
159	RS	mmm, and presumably most of your work is ongoing work with adults?			
160	Participant	my private work?			
161	RS	yeah			
162	Participant	yeah		conducting ongoing therapy with adults	

163	RS	if you were using a genogram with them, so you've got the ability to re-visit at another time?			
164	Participant	oh yeah, and sometimes if you re-visit something, say a year later, they'll see it very differently, or I may even get them to do it again, see if it's the same, well I mean certain things will be the same, but others things won't be, like the information they will have found and		re-visiting the genogram later in ongoing therapy client seeing a genogram differently at a later point doing a genogram again at a later point comparing genogram at different points in time exploring what has changed in a genogram at a later point	re-visiting the genogram later in ongoing therapy seeing a genogram differently later in therapy
165	RS	and what about the impact on them as well, cos I can imagine a year into therapy it might be a very different meaning for them?			
166	Participant	yeah..... I can't remember if I did a genogram with one of my ????, I should imagine I would have done, but when he came, the idea was that one of the things that he was talking about is his father but actually his father was his step-father, he knew that, that wasn't a problem, the issue was his birth father and after quite a lot of work and looking in the family and who was in the genogram, maybe a year or so later, he said you know what I think I'll contact my birth father		looking at birth & adopted families in a genogram client choosing to contact his birth family client exploring issues around his birth and adopted fathers	
167	RS	wow			
168	Participant	which he did			
169	RS	mmmm, so that precipitated something			
170	Participant	yeah, and then had no need to do it afterwards, he's an adult man in his late 30s, he did what he needed to do, but he got to the stage, but when we did the genogram no, no, no, no ( <i>laughing</i> )		client not re-contacting his birth father client doing what he needed to do	genogram precipitating exploration of relationship with birth father
171	RS	he didn't want to do it?			
172	Participant	he would not contact his birth father, he didn't want to contact him, no, no	so what was it like for him to see his birth father in the genogram?	client not wanting to contact his birth father client seeing his birth father in the genogram impact of client seeing his birth father in his genogram bringing the client's birth father into the foreground	
173	RS	wow, but after a while?			
174	Participant	mmm			
175	RS	so what changed for him?			
176	Participant	I think a lot of talking about the family and uh, helping him to think about himself and he felt stronger in himself so he was able to do it	was this for her or for him? What was it about re-visiting the genogram that helped this client?	client changing his mind over time allowing the client the explore & feel stronger in himself client changing his relationship to his birth father	exploring family issues & feeling stronger enabling more self-agency

177	RS	wow			
178	Participant	(smiling)			
179	RS	it's quite powerful isn't it when you map, yeah your biological and non-biological family	I sound stuck, I'm not following what she's bringing, is it cos I feel I have too many questions to ask so I'm not following the process naturally? Like PM's interview as well		
180	Participant	I have to do a lot of that when I do court assessments			
181	RS	right			
182	Participant	um, because in order to, you know I'll have a brief from the court of what I need to assess, which is, all different things, but I'm so aware of children's heritage so I'm looking at all the different adults and the connections and birth father and not birth father and.....		having a brief for assessment assessing different aspects of a case being aware of family dynamics & connections in children's cases	
183	RS	and how does that help you understand what might be happening for that child then?			
184	Participant	well, who knows who, sometimes they've got no contact, sometimes the judge would be asking you know, should the child have contact with their birth parents or their grand-parents so it helps you find out who they are, and then make a decision about whether it's appropriate or not, sometimes not, sometimes it's not a good indicator	why are some people not good?	assessing the child's contact with adults looking at family relational patterns helping to collect information about the family assessing appropriateness of family interaction	
185	RS	so it really helps you understand what's happening for that child?			
186	Participant	mmm			
187	RS	and you were saying, when you were working with adults, you might use genograms at different times, so what would be, I guess your prime reason for introducing a genogram in the beginning and then later on down the line?			
188	Participant	I don't necessarily use one at the beginning		introducing a genogram - not necessarily at the beginning	
189	RS	right			
190	Participant	the one at the beginning is for me		using initial genogram for therapist only	collating genogram at beginning for therapist to understand who's who
191	RS	right, and that's just for.....			
192	Participant	information, so I know who's who, so they're talking about Molly and Fred and I'm thinking well who are they? (laughing)		using initial genogram for information only using initial genogram to understand 'who is who'	
193	RS	so it's almost like your notes?			
194	Participant	it's my notes		using a genogram as therapist's notes	using genogram as therapist's notes

				using a genogram instead of notes	assessing the individual in their context
195	RS	but you're doing it in a pictorial.....			
196	Participant	exactly, it's my, well I would do, as a family therapist it's the only way I'd do it, as soon as you tell me a different family member, I'm sort of writing it down but also as part of my initial assessment I'm not assessing the individual but the individual in their context		using genogram not notes common for family therapists family therapists tending not to write notes making a note of family members whilst client talking compiling genogram in therapy compiling genogram as part of initial assessment assessing the individual in context	
197	RS	say more about that?			
198	Participant	well, if somebody comes to me and says, for example, oh yeah, a young woman who came to me she was 19 then, and she came because she was a cutter, deliberate self-harm but also had suicidal ideation, very serious, now there would be many reasons for not just hearing about the cutting, first of all, she's only 19 so I'd be looking at who's at home, where does she live, who can she talk to, what GP is involved, I mean it would be totally unprofessional just to listen to what she wanted which was to talk about her cutting		assessing the client's context important in risk management assessing the client's support systems unprofessional to not assess context for at risk clients	assessing the client's context important in safety & risk management
199	RS	mmm			
200	Participant	you have to look at the whole of the context and I had to assess whether she would be safe, what the support network was, all of that, so I did that obviously in the very first setting		assessing safety for at risk clients "you have to look at the whole of the context"	

## **Appendix 10:** Extract from my research memos

### Reminder of my main research questions

*How do therapists use genograms in their work with individual clients?*

*How does the information gained from a genogram inform the therapist's understanding of the client and how to work with them therapeutically?*

### **Re-visiting the categories with Therapist A's codes – 26<sup>th</sup> May 2011**

My participants – all done systemic training after first one? Except Therapist C? What precipitated them doing the systemic training? Just professional changes or their awareness gradually expanded to a more systemic perspective?

My sense in first few interviews of something being revealed – I talked about in my CT with Therapist D – goose pimples – things hidden being uncovered

Impacting the therapeutic relationship – strengthening the working alliance – but can it also adversely affect the WA? Is its impact affected by when and how it is introduced?

Does this also include CT? Which may impact on why a therapist introduces a genogram as well? Their sense of something unspoken/hidden/missing

How does the CT tend to impact on where the therapist focuses the work? How they respond to the genogram?

Relationship between why the therapist introduced the genogram and what comes up? How they use their intuition/CT to guide the process?

How much do the therapist's assess the client's response? Does this depend on when and how the genogram is introduced?

What have some of the client's responses been? It's too much, it's interesting, it's helpful, it's empowering

Introducing the genogram –

This may get sub-sumed within a bigger category later, but at the moment it seems important to capture why, where and when a therapist introduces a genogram – ie. many say it is their intuition (what does this really mean?), and it might depend on how they're using it and where they're working as to how they introduce it – ie. is it primarily as an assessment tool at the beginning or like Therapist D, is it to deepen the process later on?

Gaining insight – lots of mapping, exploring, looking for patterns, understanding personal, family & cultural influences – it's about what is there, and also what is revealed ie. what is the meaning of what is there/isn't there & how that impacts the client

How does this influence the treatment direction?

Impacting the work – this includes focussing the work – how the information gained then changes the treatment direction – the information may be too much, may not help actually towards the goal – but this depends on how long the therapy is and what the type is ie. is it open-ended or palliative care?

Also about precipitating change – how does a genogram actually help precipitate change? Many therapists have said that it's quicker – the work is quicker – is this about the insight gained? Is that the systemic approach working with inter-personal relations or is it the genogram specifically? Seeing patterns from previous generations – that helps de-pathologise and then gives more choices to different clients about how to act?

Also about feelings – confronting feelings that come up – are these painful? Happy? How do these impact on the client? How are these related to precipitating change, or any consequence of how the client feels?

Therapist A said that her therapist only introduced a genogram at a later point in therapy – why was that? Was she only ready for it at that point? What was the impact at that point – ie. did it deepen her experience, widen her perspective? Did she need to have a strong enough sense of self before that in order to do that systemic exploration?

I had some codes which were out on a limb – about a client leaving and how the therapist was left feeling unresolved – I've added this to this category for the moment as I wonder whether a client leaving might be the other side of 'precipitating change' – that actually using a genogram can have a reverse effect and be too much for the client (x ref. what Therapist D said about them being very exposing) – is this related to whether the therapist needs to ask the client how using the genogram is impacting on them? Is a client more likely to leave in private practice than in the NHS?

I've also put in 'being open to where it leads' in here – this comes up more in other interviews where they've talked about being client-led & following what emerges – how does this fit with then working with specific presenting issues & a goal?

### Using a genogram in the therapist's practice

This is how Therapist A does work with families and couples and then works with individuals – why work with an individual comes out of previous couple/family work and how this impacts on the individual and the following work back in the couple/family

It seems that there is something hidden or which needs further personal exploration on an individual basis which then gets resolved back in the family/couple – so the individual has some personal time before taking it back

Is the client more likely to open up if they have done some work in a family/couple to start with? Are they likely to go deeper into their exploration – reveal more? Does this change how and why a therapist would use a genogram?

But this is also about who and what the issue is seen as ie. Therapist A says if the family come to therapy, problem is seen in the child, but then they realise their behaviour might be

impacting too, or she starts working with the mum and then it turns out the whole family need support

This is really interesting re my experiences with my other participants who I'm not coding – they treat whole families but often for one person's illness ie. eating disorders – then they may also work separately with one adult during their work with a family if they need to – inter-connections between personal & systemic!

Not sure of the wording of the category at the moment – may change as I consider how other therapist's use genograms specifically in their practice

#### Using a genogram as a therapeutic tool

This seems a bit of a stand-alone category, but I feel that it needs to be considered separately at the moment as these are poignant points, or perhaps more unusual points – it's about what is specifically helpful about using a genogram rather than e.g. sculpting or something else. It is also about the 'aliveness' of a genogram – how it brings people alive in the room and has a visual impact, how it might make the work quicker (which may need to go into 'impacting the work' above)

I've also put in here something about the personal meaning of genograms for therapists – ie. where they store them, what they get left with, the personal meaning of having met so many people/the symbol of responsibility for their clients

I've also put in here about it being 'continuing evolving work' ie. the genogram may be referred to again and again – it becomes part of the relationship, the therapeutic work

#### Therapist's experiences

This is about their training and evolving practice – how they came to use genograms and a bit about their personal experience of having their genogram done.

This may affect how they work with a genogram and how they may respond to the client who's doing their genogram?

An influencing factor is definitely the circumstance of the practice – ie. is it short or long-term work and is it in the NHS or private practice.

#### **Re-doing Therapist B's focussed codes – 27<sup>th</sup> May 2011**

Therapist B & Therapist C look at connections between physical (health) & emotional issues

Therapist A & Therapist D get referrals for mostly emotional issues



Something about how people choose their training based on their flowing personal journey & changing interests

I want to test my hypothesis – sometimes using a genogram can be too much for some clients – mirrors their lack of engagement – doesn't help facilitate the relationship – has this happened with other therapists?

Making connections – what does this mean? Between personal and family context and history – does it need to be fleshed out more? What is important about those connections – how does that help the client? I have a lot of different ways to explain 'gaining insight' – perhaps I need to look at the inter-connections between these more

Are therapists dealing with personal or systemic issues? Or both? And if you precipitate change in the client, does this mean it changes the system – it seems that concentrating on inter-personal change, relationships is an important component of that – it is not just changing the client in themselves.

Often problems have origins later back in families – understanding that empowers the client and offers choices. Takes away stigma & pathology. Makes them see themselves in a wider context. Keeps them adult? (but do they sometimes need to be a child?). does this help facilitate personal change? And it must also create a change in the system.

Trauma – is it the clients or the families? I.e. in Therapist B's example girl has symbiotic relationship with her parents which is causing her problems – but it's due to the parents own trauma. Inter-generational trauma

Working with the wider system – something bigger influencing that? Bringing in a larger unconscious? Does the therapist feel that in their work?

What is being uncovered is something about an "unconscious level of meaning & experience" – is that what gives me goose pimples? Something happens – something shifts – something unspoken is made conscious – that is meaningful because something is unblocked in the system – it helps the client put something into place – it goes beyond the verbal to another way of relating? Is this part of the usefulness of genogram? It helps people access another level/form? Access some unthought knowns, bodily truths?

### **Mon 30 May 2011 – looking at Therapist B's categories & codes**

I am comparing the categories I put together for Therapist Bs codes with those for Therapist A.

Broadly, there are similar themes – although I did explicitly try to look at Therapist B's with an open mind and not refer to Therapist As, so I did work up from Therapist B's data rather than think too conceptually to start with. Therefore, some differences have emerged.

With the themes which are similar, they are still quite big categories and need further fleshing out in terms of their titles, the sub-categories within them and the relationship between the categories.

## Appendix 11: Examples of my coding maps

An example of my tentative category groupings for one of my participant's codes before I put them all together on the blank sheet of paper -



Another example of another participant's codes –



[illegible]

## **Appendix 12: Reflections on a critical research friend's comments**

### **Reflecting on Andrew's comments about my coding – Tues 2<sup>nd</sup> August 2011**

- It is good – the questions he has about the research having read my coding are similar to mine – all picked up in what I've tried to follow up in subsequent interviews e.g. how genograms facilitate change for the client – so similar questions/themes/what still to be explored in more detail is similar
  - How does it change the relationship with the therapist also coming up in my categories from the mapping of focussed codes done so far
  - When to use and when to not – have focussed on why and when a therapist introduces a genogram & perhaps when not to ie. if client in crisis - how the client responds to its introduction as well
- He suggested themes – I don't do, using themes not normally in GT, although perhaps would be useful to think of main ones for each interview – although tend to trust codes as my building blocks – themes should be reflected in codes & categories
- He analysed pre-amble about her experience more – I perhaps just described
- I have gone through this interview a few times now – can change my mind every time for some of them – is it about them being 'good enough' generally? – sometimes see the detail, sometimes look more conceptually – probably more detailed as gone along – got more understanding of nuances
- I have kept some of my codes – disagree with his
- This is my first interview – def developed coding as a skill as gone along, both in myself but also as done more interviews
- Row 76 – he picked up about client's defensiveness – I made a more general focussed code not picking up on this
- He's picking up on details as themes?
- Reflecting on difference between initial & focussed codes – actually initial give more detail, focussed overview – initial more nuanced about detail but lack overview of what happening in the data as process more generally
- Andrew seeming to pick up detail of initial codes more to explicate more nuanced details about what the interview is bringing out – what is under-neath the words
- Do lose some of nuance & detail in focussed code, but cannot always use initial codes – will be far too many! Do you choose a focussed code which describes more generally the process or one which picks a particularly important detail? I've done most of the former with some of the latter. Perhaps more personal when choosing the latter? So 'safer' to do the former?
- In focussed codes, I've not gone into detail of client stories – more kept overview of process of using a genogram
- It's about language – helps understanding – e.g. I wrote 'being responsive to the client', he suggested 'being sensitive to the client'
- In some places, he's just phrased it better than I had – captured the essence better
- Helped me see something differently – appreciate the nuances of the process between us & under what she's saying – just helpful to compare & contrast
- Sense that we will have different points of view – cannot go back and change everything all the time

- Keep thinking when considering codes – what is most helpful to help me answer my research question?
- Why has he done themes? How do they help? Do they help think conceptually more? I have been more driven by process up until this point – this helps think more conceptually?
- Will codes ever reflect themes?

Overall, sense that mostly themes & questions picking up my codes & what followed up in other interviews – ie. what I've been aware of

Mostly he's agreed with my codes – picked up some areas more – natural with being different people – how he's been trained to look at the data, themes

Some issues he's picked up more – picked up on nuances more, what I've put in initial codes where I've chosen to focus more on general description of process for focussed codes Having him look at it as useful as re-visiting it myself – always something else you see – esp in light of subsequent interviews

Have changed some codes – but mostly kept same

Helped me think more, not about differences between us, but more about how I code – the level at which I've coded – focussed coding & how that helps me build a picture of my research – have I approached it correctly for myself & my research question?

## Appendix 13: Example of my codes and different levels of categories

This example is taken from my first category 'Integrating genograms into therapeutic work'

Sub-category	Secondary sub-category	Secondary sub-category/codes	Secondary sub-category/codes	Secondary sub-category/codes
Initiating factors	motives	as a flexible and useful additional tool	"its dynamic and evolving, not static"	
			genograms "always giving something to look at and work out"	
			"genogram is always a fascinating, evolving thing"	
			"its a bit like an expanding rainbow"	
			"a genogram is a working document"	
			"because it's so interesting"	
			genogram as "concrete picture of who's in your life"	
			"it's just a really good structure"	
			using a genogram is "freeing & liberating"	
			"I found it so useful"	
			genograms adding an extra dimension to therapeutic work	
			genograms a "way of working and getting things going"	
			genogram part of fascinating process of getting to know the client and their lives	
			"genogram is an aid to what people already do"	
			"it's another diagrammatic way of representing history and relationships"	
			"it's just such a rich tool"	
			"I guess it's always been part of my toolkit"	
			using genogram as one of therapeutic tasks in work	
			genogram as a flexible tool	
			"bringing wider context into the room like no other tool"	
			doing a genogram part of the therapist's toolkit	
			finding genograms a very useful tool	
			"it's an extra tool really"	
			using genogram as a therapeutic tool "having something tangible between us"	
			it's just another tool that I'm using	
			using a genogram core to being systemic	

			using genograms requiring systemic thinking	
			"you won't find anyone who is systemically trained who doesn't use a genogram or finds it useful"	
		engaging and exploring	using a genogram to engage the client	
			using a genogram to "try to help people talk about themselves"	
			"talking isn't always the best thing for people"	
			accessing information and identifying patterns more immediately in a genogram	
			genograms helping pictorially identify the client's social network	
			visually exploring an issue	
		gaining information and clarifying understanding	obtaining assessment information	"it might be useful to get a snapshot"
				using a genogram to find out information
				collating genogram at beginning for therapist to understand who's who
				accessing a lot of information quickly from a genogram
				getting information quickly
				it's a very fast way in order to do an assessment
				"it's a very quick way to get information to do an assessment"
				"it's a very quick way of getting a sense of who they are"
				"it's quite an unthreatening way of getting a sense of who's who"
				recording initial family history in a genogram
				helping to store information
				genogram acting as notes "for clients and therapists to remember"
				using genogram as therapists notes
				keeping the genogram in the client's case notes
				using a genogram as an assessment tool
				structuring an assessment around a genogram
				"it's an assessment that's ongoing all the time"
				assessing the client's context important in safety and risk management

				using a genogram to assess safety then based on what emerging in therapy
				using a genogram to establish safety in trauma work
			understanding the client's relational context	genogram as 'building block' to learn family context and structure
				assessing the individual in their context
				starting therapy by exploring the manifestation of the presenting issue and its relational context
				introducing a genogram to clarify the client's relational context and history
				introducing a genogram to clarify the client's relational context and personal history
				introducing a genogram to understand the client and their support network
				introducing a genogram - depending on client's presenting issues and stated goal
				introducing a genogram - helping the client understand the influence of the past on the present
		depending on what emerging in therapy	discussing family issues	introducing a genogram - starting to work on family patterns
				introducing a genogram - when clients start talking about family
				introducing a genogram - being alert for discussion of family
				introducing a genogram - through acknowledgement of somebody missing
				using a genogram to get a sense of a client in relation to his family
				offering to explore the client's family when they mention them
				collating a genogram collaboratively when "it felt quite useful to do that" clients family come into the foreground
			allowing focus	using a genogram as a tool to focus discussions
				introducing a genogram to allow more focus
				"it becomes a way of putting the topic on the table"
			according to the therapist's intuition/countertransference	therapist using intuition to introduce a genogram
				therapist following her intuition about something unconscious being re-evoked for the client



				suggesting the collation of a genogram based on the therapist's intuition
				introducing a genogram - based on therapist's countertransference/intuition
				therapist suggesting a genogram when feeling something powerful and unconscious is influencing the process
				introducing a genogram later - based on the therapist's intuition
				trying a different approach when feeling stuck
				using "when there's a need for something to settle"
				therapist feeling stuck in the process
				introducing a genogram - if the client's story is incoherent
				introducing a genogram when there is a sense of something else to know
				"I want to put a different lens in and look at things differently"
				using a genogram - when the client's story or therapy becomes more difficult/confusing
		according to individual clients and the clinical circumstances	using interactive and functional genograms at different times depending on the client's task and goal	
			genograms having different purposes at different times	
			using genograms differently in different therapeutic circumstances	
			considering the client's cultural and social systems in an eco-map	
			using genograms in the same way with individual adults and families	
			using play therapy ideas and techniques with individuals	
			therapist reflecting on her own use of a genogram in different circumstances	
			looking at the wider context as well as the family in the health service	
			collating a timeline and history for reference in short-term work	
			using a genogram is helpful but not essential	
			introducing a genogram - don't do as a rule of thumb	
			using a genogram treating trauma	

			using a genogram widely and consistently	
			using a genogram - earlier with couples to look at their relational background	
	timing		not using a genogram in time limited work	
			thinking carefully about the timing and appropriateness of using a genogram	
			introducing a genogram - "you've got to choose it at the right moment"	
		introducing early in the work	using a genogram early in the work	
			introducing a genogram - once in the therapeutic process	
			introducing a genogram - not later in therapy	
			introducing a genogram - in the second session	
			introducing a genogram - within the first session	
			using a genogram early on as "it's quite a safe thing to do"	
			collating a brief genogram early on	
			collating the genogram naturally as part of initial conversations	
			doing initial genogram for therapist's information only	
			doing a genogram early in the work to find out about the client's family	
			using a genogram - at the beginning to focus on different relationships and getting information	
			"I often start in quite a gentle way inquiring how they met their spouse"	
			introducing a genogram earlier to get information in brief therapy	
			introducing a genogram after 7 or 8 sessions	
		introducing later in the work	using a genogram at a deeper level for longer term work	
			doing a genogram later can be intimate and profound	
			going into more detail with a genogram later on in the work	
			seeing a genogram differently later in therapy	
			"it's an awful waste to do a genogram in the 2nd session"	
			using a genogram - achieving clarity later in the therapy when the ground work is done	

			"information finding quite flat to me" missing richness of transgenerational patterns	
	consideration of the relationship		using a genogram to assess safety then based on what emerging in therapy	
		refraining from using	refraining from using genograms with a client in crisis	
			not using genogram with clients who need to unload to start with	
			introducing a genogram - approaching gently if difficult engaging clients	
			introducing a genogram - being tentative if having difficulty building a relationship	
			fear of being intrusive with unengaged clients	
		requiring working alliance	containing relationship allowing taking risks with a different approach	
			having consequent sessions at the beginning to build the relationship	
			learning to engage clients before introducing a genogram	
			using genogram within established therapeutic relationship	
			introducing a genogram - if the therapeutic relationship has been established	
			without a "secure base, it may have wasted what potentially could happen"	